

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

_____ County

IN THE MATTER OF THE ESTATE OF

APPLICATION FOR LETTERS OF

Name And Address Of Incompetent Person

Date Of Birth

County Of Residence

Date Of Adjudication Of Incompetence

County Of Adjudication

Name And Street Address, PO Box, City, State And Zip Of Applicant 1

County Of Residence Of Applicant 1

Telephone No.

Applicant(s) Relationship Or Interest In Proceeding

- GUARDIANSHIP OF THE ESTATE
- LIMITED GUARDIANSHIP OF THE ESTATE
- GUARDIANSHIP OF THE PERSON
- LIMITED GUARDIANSHIP OF THE PERSON
- GENERAL GUARDIANSHIP
- LIMITED GENERAL GUARDIANSHIP

FOR AN INCOMPETENT PERSON

G.S. 35A-1210, -1212, -1215

File Or Other ID No. Of Incompetence Proceeding

Name And Street Address, PO Box, City, State And Zip Of Applicant 2

County Of Residence Of Applicant 2

Telephone No.

Name And Address Of Attorney For Applicant(s)

Attorney Bar No.

Telephone No.

The undersigned, being duly sworn, applies to be appointed guardian(s) for the incompetent person named above, to serve in the capacity indicated, and to be issued letters of appointment in this estate.

- The incompetent person was so adjudicated on the date and in the proceeding identified above.
- A statement of the assets and liabilities of the incompetent person, including any income and receivables to which the incompetent is entitled, is set forth on the reverse side of this Application. *(Not necessary if applying for guardianship of the person only.)*
- I hereby acknowledge receipt of AOC-SP-850, "Responsibilities Of Guardians In North Carolina" or I acknowledge that said pamphlet is available online at www.nccourts.org/Forms/FormSearch.asp and I further acknowledge that I am required to comply with said responsibilities and to manage the guardianship estate in accordance with North Carolina law.**
- Other: *(Give any other information requested by Clerk.)*

VERIFICATION

I, the undersigned applicant, have read this Application and state that its contents are true to my own knowledge except those matters stated on information and belief, which I believe to be true.

Date	Signature Of Applicant 1	Date	Signature Of Applicant 2
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
<input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date My Commission Expires	Date My Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL

PART I. PRELIMINARY INVENTORY OF THE INCOMPETENT'S ESTATE

Description		Estimated Value
1. Cash and undeposited checks on hand		\$
2. Accounts <i>(List bank, etc., each account number, and balance.)</i>	Account No.	

3. Stocks/bonds/securities		
4. Notes, judgments, and other debts due		
5. Household furnishings		
6. Vehicles		
7. Interests in partnership or sole proprietor businesses		
8. Farm products, livestock, equipment, and tools		
9. Miscellaneous personal property		
10. Estimated Annual Income		
Wages, salaries, etc. <i>(per year)</i>	\$	
Rental income <i>(per year)</i>	\$	
Other investment income <i>(per year)</i>	\$	
Annuity, pension or retirement benefits, Social Security, Disability or other compensation, insurance proceeds, injury settlement or other periodic payments <i>(per year)</i>	\$	
Subtotal of Line 10		\$
11. Other		
TOTAL PART I <i>(Base bond on this amount)</i>		\$

PART II. OTHER PROPERTY

Description		
1. Interests in real estate		\$
2. Right of action for injury, etc. (NOTE: Increase bond before receipt.)		
3. Trust income NOT administered or received by guardian		
4. Other resources available for support of incompetent, NOT administered or received by guardian <i>(Attach itemized list.)</i>		
TOTAL PART II		\$

Major medical or similar insurance is in effect through
(Name Of Insurer) _____ *(Policy No.)* _____
 Soc. Sec. Payee, VA Guardian, Attorney-in-fact, etc. *(Name)* _____
 Living Will, Health Care P.O.A., etc. *(Health Care Agent)* _____

PART III. LIABILITIES

Description		
1. Mortgage loans		\$
2. Other secured loans or obligations		
3. Unsecured obligations		
TOTAL PART III		\$