

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:

Name Of Decedent

AFFIDAVIT OF NOTICE TO CREDITORS

G.S. 28A-14-1, 28A-14-2

NOTE: The second option should be checked only in cases where the decedent had no outstanding debts, or the personal representative has paid in full all known debts. The first option should be checked in all other cases.

The undersigned affiant, being first duly sworn, says that:

1. Pursuant to G.S. 28A-14-1, I made a reasonable effort to ascertain all persons, firms and corporations (*including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid*) having unsatisfied claims against the decedent and personally delivered or mailed a copy of the Notice to Creditors to all such persons, firms and corporations then known to me, except for those claims that I recognize as valid.
2. No copy of the Notice to Creditors required by G.S. 28A-14-1 was mailed or personally delivered because, after making a reasonable effort within the time provided by law, I am satisfied that there are no persons, firms or corporations (*including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid*) having unsatisfied claims against the decedent. (See note above.)

NOTE: Signature of only one affiant is necessary.

Date		Date	
Signature Of Affiant		Signature Of Co-Affiant	
<input type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector		<input type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature	Date	Signature
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <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