



Buncombe County Property Assessor R. Keith Miller



155 Hilliard Ave. - Asheville, NC 28801

Deceased Owner Form

Deceased Owner(s):		
Date of Death(s):		Death Certificate #:
	If death occurred outside of Buncol please attach a copy of the Death (
Buncombe County Es	tate File #:	
Format: (year E – page) or 17E - 1234 Please attach a copy		ppy of the Application, Will (if applicable), and 90 day inventory
PIN #s or Property A	ddresses:	
Do any of the properties currently have exemptions, or is the landowner applying for		Are any of the properties enrolled in a Present-Use Value program?
one? Yes or No		Yes or No
Please circle Yes or No		Please circle Yes or No
	Contact In	formation:
Contact Name(s):		
Mailing Address for tax bill:		
Phone:		E-mail:
	For Land Reco	ords Use Only:
Property Should be T	Titled:	
New Account Numb	per(s):	

Please e-mail, mail, or drop off this form at the Buncombe County Assessment Office: Address: 155 Hilliard Avenue, Asheville NC 28801

e-mail: mapping.questions@buncombecounty.org