

This form is a guide and is only to be used as a sample.
Do not file this sample as your official Application/Petition.

Please complete the proper Application/Petition form in ink or type.

STATE OF SOUTH CAROLINA)
)
COUNTY OF **CALHOUN**)
)

IN THE PROBATE COURT
CASE NUMBER: _____
(Court personnel will assign case number)

IN THE MATTER OF: Name of Deceased as shown on Will or, if no Will, as listed on Death Certificate (referred to hereinafter as "decedent")

**APPLICATION FOR
INFORMAL**

- PROBATE OF WILL
 APPOINTMENT (check if no will)

(check any that apply)
If necessary, Court personnel will assist
with which of these blocks to check

**PETITION FOR
FORMAL**

- TESTACY
 APPOINTMENT

Applicant/Petitioner: Name of person(s) applying/petitioning to be Personal Representative(s) and/or Probating Will.
Address: Street Address of above person(s). If PO Box, list street address also
Telephone: Daytime telephone number of above person(s)

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Give your relationship to the decedent, if any, and your interest in this proceeding: _____
(Example: Named as Personal Representative or Executor in will, spouse or child of deceased, nominee of an heir, etc.)

2. Decedent Information:

Name: Provide full name of deceased person as shown on Will or, if no Will, as listed on Death Certificate
Last Four Digits of Social Security Number: XXX-XX- Provide last four digits of Social Security number of deceased person
Date of Birth: Date of birth of deceased person
Date of Death: Date of death of deceased person
Age at date of death: Age of deceased person at date of death
Domicile at date of death: County of permanent residence for deceased (not nursing home); i.e. residence shown on federal income
(County) (State) tax returns or place of voter registration

3. Venue for this proceeding is proper in this county because:

- Decedent was domiciled in this county at date of death.
CHECK Decedent was not domiciled in South Carolina, but property of Decedent was located in this county at date of death.
ONE Decedent has a right to take legal action in this county because: (Indicate reason--wrongful death lawsuit, etc.)

4a. Names and addresses of devisees, including dates of birth of minors. If there are no minors, so state. (Devisees are those people named in the Will/Codicil to inherit or receive real or personal property under the Will or Codicil; if there is no Will, insert "N/A" here and go to 4b.)

Name	Date of Birth	Address	Relationship to Decedent

(use additional sheet if necessary) or use space on page 3

4b. Names and addresses of intestate heirs who are not devisees, including dates of birth of minors. If there are no minors, so state. (Intestate heirs are the persons who would inherit if the decedent left no Will. Heirs= spouse+ children; if none, then parents; if none, then children or grandchildren of parents; if none, then grandparents; if none, then children or grandchild of grandparents, etc.)

Name	Date of Birth	Address	Relationship to Decedent
<u>List all heirs who would have inherited had there been no will and who are not already listed in 4a above.</u>			

(Use additional sheet if necessary) or use space on page 3

In answering questions #5 - #12 below, answer each question to the best of your knowledge ("unknown" is **not** an acceptable answer).

5. Did decedent have any change of marital status or the birth or adoption of any children after execution of the Will, if one exists, or has any child of the decedent been born since his death, or is any birth of a child of the decedent anticipated? *(This includes illegitimate children.)*
NO YES If yes, please explain on page 3.
6. To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?
NO YES If yes, please explain on page 3.
7. Has a guardian or conservator ever been appointed for this person? *(Officially appointed by a court.)*
NO YES If yes, please explain on page 3.
8. Has a personal representative of the decedent been appointed prior to this date by a Court in this state or elsewhere? *(Officially appointed by a court.)*
NO YES If yes, please state details, including name and address of such Personal Representative, on page 3.)
9. Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere? *(Demand for Notice is SC Probate Form #111PC).*
NO YES If yes, please state details, including names and addresses, on page 3.
10. Have more than ten years passed since the decedent's death?
NO YES If yes, please state circumstances authorizing tardy probate on page 3.
(If yes, depending on the circumstances, you may be unable to probate this estate; contact an attorney or the court for assistance.)
11. The decedent died with a personal estate of about the value of [ESTIMATED value of personal property in the deceased name only; for jointly owned property and title(s) indicating "or" then 1/2 value of property would be reported (bank accounts, stocks/bonds, personal and household effects, etc.)] and real estate of about the value of [ESTIMATED value of real property in deceased name only or if jointly owned with right of survivorship on deed, then 1/2 value of property would be reported (all real property)]. (A full inventory and appraisal, Form #350PC, must be filed within 90 days after appointment.) *[Form #350PC will be given to you by your assigned clerk at the time of your appointment as Personal Representative.]*
12. After the exercise of reasonable diligence, are you aware of any unrevoked will and/or codicil(s), other than the one(s) attached hereto, relating to property in this State?
NO YES If yes, please explain on page 3 and then proceed to Section II.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

NOTE: IF NO WILL AND/OR CODICILE EXISTS, DO NOT COMPLETE THIS SECTION II AND GO DIRECTLY TO SECTION III.

1. Regarding the decedent's will:
 The original is attached *(and will be filed with the court with this form)*
 The original is in the Court's possession *(the original Will has previously been filed with this court)*
 An authenticated copy of a will probated in another jurisdiction is attached * *(*Usually only applies to a decedent ONE domiciled in another state at death)*
 An authenticated copy of a will not probated in another jurisdiction is attached * *(*Usually only applies to a decedent ONE domiciled in another state at death)*
 The will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached
(If the Will is lost, destroyed or otherwise unavailable, a formal proceeding will be required; contact an attorney or court personnel for assistance.)
2. Do you believe, to the best of your knowledge, the will described above was validly executed?
YES NO If no, please explain on page 3.
3. The date of execution of the will was: Indicate the date the Will was signed
codicil(s): Indicate the date any and all Codicils (amendments to the Will) were signed, if applicable.
4. Are you aware of any instrument or document amending or revoking the will?
NO YES If yes, please explain on page 3.
5. Have you exercised reasonable diligence to determine there is no instrument or document revoking the will?
YES NO If no, please explain on page 3.
6. Do you believe the will defined in "1" above is the decedent's last will?
YES NO If no, please explain on page 3.

(If more space is required, use additional sheet.)

Use this space for additional information. If an additional sheet is necessary, such sheet must be attached and must be 8-1/2 x 11.

III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING:

1. The name(s) and address(es) of the proposed Personal Representative(s) is/are:
Enter name and address of person(s) seeking to be appointed as Personal Representative(s).

Name: Print your name Name: Print name of co-applicant, if applicable

Address: Print your address Address: Print address

Telephone (O): Work telephone number Telephone (O): Work telephone number
(H): Home telephone number (H): Home telephone number

2. Priority for this appointment is:

- named as Primary Personal Representative in will
- named as Alternate Personal Representative in will
- nominee of above Primary Personal Representative in will
- nominee of above Alternate Personal Representative in will
- surviving spouse of decedent who is devisee of decedent or nominee of said spouse
- other devisee of decedent (describe): _____ or nominee of said devisee
- surviving spouse of decedent or nominee of said spouse
- other heir of decedent (describe): _____ or nominee of said heir
- creditor (Forty-five days after death must have passed) or nominee of creditor
- other (describe): _____

**CHECK
ONLY
ONE**

3. List below the names of any other persons, if any, having a prior or equal right of appointment (see priority above):

(List all persons who have an equal or a higher priority as you to serve as Personal Representative. If such person is deceased, so indicate. Those persons listed here who are living must either (1) sign a Renunciation of Right to Administration (Form #302PC) or (2) be given twenty (20) days' notice by you of your intention to seek appointment informally [Form #110HCPC].)

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day of _____, 20 ____.

Notary public signs here; must see you sign

Notary Public for _____

My Commission Expires: notary expiration date

Signature: Signature of person applying or petitioning for appointment as as Personal Representative and/or Probating Will

Name: Print name here

Address: Print your address

Telephone (O): Work telephone number

(H): Home telephone number

E-Mail: E-Mail Address

SWORN to before me this _____ day of _____, 20 ____.

Notary public signs here; must see you sign

Notary Public for _____

My Commission Expires: notary expiration date

Signature: Signature of other person applying or petitioning for appointment as Co-Personal Representative, and/or Probating Will, if applicable

Name: Print name here

Address: Print your address

Telephone (O): Work telephone number

(H): Home telephone number

E-Mail: E-Mail Address

(Notaries from other states may notarize signature however, notary must complete the sworn statement above and use their seal or stamp.)

ORDER OF INFORMAL PROBATE

THIS SECTION: Do not complete (will be completed by Probate Court if there is a Will).

ORDER FOR HEARING ON FORMAL PETITION

THIS SECTION: Do not complete, (for use by Probate Court, if applicable).

ORDER OF FORMAL TESTACY

THIS SECTION: Do not complete (for use by Probate Court, if applicable).

ORDER OF APPOINTMENT

THIS SECTION: Do not complete (for use by Probate Court, if applicable).

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. *(Only sign here if you are requesting to be appointed as personal representative of this decedent's estate.)*

Signature: Your signature
Name: Print your name
Address: Print your address
Telephone (O): Work telephone number
(H): Home telephone number
E-Mail: E-Mail Address

Signature: Signature of Co-Applicant/Co-Petitioner, if applicable
Name: Print name
Address: Print address
Telephone (O): Work telephone number
(H): Home telephone number
E-Mail: E-Mail Address

Attorney: Name of attorney, if any, assisting with this estate
Mailing Address: Attorney's mailing address

Telephone: Attorney's telephone number
E-Mail: Attorney's E-Mail Address