

*This form is to be used as a sample or guideline only.
Do not file this sample as your official Application/Petition; it will not be accepted.*

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

**STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE**

**IN THE PROBATE COURT
CASE NUMBER: _____**

IN THE MATTER OF: name of deceased

**APPLICATION FOR
INFORMAL**
 PROBATE OF WILL
 APPOINTMENT

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

**PETITION FOR
FORMAL**
 TESTACY
 APPOINTMENT

Applicant/Petitioner: Name of person applying to be Personal Representative(s)
Address: Street Address of Personal Representative(s) (If P. O. Box, list street address also.)
Telephone: Daytime telephone number of Personal Representative(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 PR in will, spouse, nominee of heirs, etc.)

2. Decedent Information:
Name: List full name of deceased person
Social Security Number: n/a
Date of Birth: Date of birth of deceased person
Date of Death: Date of death for this person
Age at date of death: Age of deceased person at date of death
Domicile at date of death: Permanent residence address for deceased (not nursing home); i.e. residence shown on federal income
(county) (state) tax returns or place of voters 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.

Name	Date of Birth	Address	Relationship to Decedent
<i>Devisees are those people named in the will/codicil to inherit; if there is no will, insert "N.A." here and go to 4b.</i>			

(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.

Name	Date of Birth	Address	Relationship to Decedent
<i>List all heirs who would have inherited had there been no will and who are not already listed in 4a</i>			
<i>Heirs= spouse+ children; if none, then parents; if none, issue of parents; if none, then grandparents; if none, then issue of grandparents, etc.</i>			

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

In all cases, complete #5 - #12 to the best of your knowledge ("unknown" or "to be determined" as an answer is **not** acceptable).

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? *By 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 form 111.*
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 your attorney.
11. The decedent died with a personal estate of about the value of ESTIMATED value (From worksheet: Schedule B, C, part 1/D, & F) and real estate of about the value of ESTIMATED value (From worksheet: Schedule A). (A full inventory and appraisal, form #350PC, must be filed within 90 days *after appointment*.) [this form will be given to you by your assigned clerk at the time of your appointment.] If decedent was a non-resident, please attach South Carolina Tax Commission form ET 101.
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.

*IF NO WILL,
GO TO SECTION III*

1. Regarding the decedent's will:
 The original is attached
 The original is in the Court's possession
CHECK ONLY ONE An authenticated copy of a will probated in another jurisdiction is attached
 An authenticated copy of a will not probated in another jurisdiction is attached
 The will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached
If the last block in this section is checked, formal proceedings are required; contact your attorney.
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 (supplement to the will) were signed, if applicable.
memorandum(s): indicate the date of any memorandums referred to in the will
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.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I AND II HERE.

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

Use this space for additional information; additional sheets attached 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) to be appointed as Personal Representative(s).

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 equal or a higher priority as you do to serve as Personal Representative. If predeceased, so indicate. Those listed here who are living must sign a Renunciation of Right to Administration (Form 302). If they do not, you will need to proceed formally; contact your attorney. For an heir or devisee who is a minor, their parent(s) has a right to act on their behalf.

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 South Carolina

My Commission Expires: *notary expiration date*

Signature: *Signature of person petitioning for appointment of P.R.*

Name: *Print name here*

Address: *Address of applicant*

Signature: _____

Name: _____

ORDER OF INFORMAL PROBATE

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

SAMPLE

ORDER FOR HEARING ON FORMAL PETITION

THIS SECTION: Do not complete.

ORDER OF FORMAL TESTACY

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

ORDER OF APPOINTMENT

THIS SECTION: Do not complete (to be completed by Probate Court at time of appointment).

SAMPLE

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.

If appointment of Personal Representative is contested, do not complete this section at this time.

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-P.R., 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 assisting with probate

Mailing Address: Attorney's **mailing** address

Telephone: Attorney's telephone number

E-Mail: Attorney E-Mail Address