

For Guideline Purposes Only for Informal Application.

This document is only a Sample; do not complete the sample as your application.

When completing the proper Application (Form 300PC), please use BLACK or DARK BLUE ink only.

STATE OF SOUTH CAROLINA  
COUNTY OF: GREENVILLE

) IN THE PROBATE COURT  
) CASE NUMBER:

IN THE MATTER OF: *(name of deceased)*

**\*COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT**

\* Petitioner  
vs.  
\* Respondent(s)

**APPLICATION FOR INFORMAL**

(check any that apply)

**\*PETITION FOR FORMAL**

Check here if there is a will.

PROBATE OF WILL  
 APPOINTMENT

TESTACY  
 APPOINTMENT

Applicant/Petitioner: *Name of person applying to be Personal Representative*

Address: *Street Address of above applicant (If P. O. Box, list street address also.)*

Telephone: *Daytime telephone number of above applicant*

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Give your relationship to the decedent, if any, and your interest in this proceeding.

*Indicate relationship to decedent and what priority you have for serving (example: named PR in will, spouse, nominee of heirs, etc.).*

2. Decedent Information

Name: *List full name of decedent*  
Security Number: *N/A (not required)*  
Date of Birth: *Decedent's date of birth*  
Date of Death: *Decedent's date of death*  
Age at date of death: *Decedent's age at time of death*  
Domicile at date of death: *Greenville* *SC*  
(county) (state)

Permanent residence address for deceased as shown on federal income tax return or voters registration

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

- Decedent was domiciled in this county at date of death.
- Decedent was not domiciled in South Carolina, but property of Decedent was located in this county at date of death.
- Decedent has a right to take legal action in this county because: *If PR is being appointed for litigation purposes, indicate what type lawsuit will be filed; i.e. wrongful death, medical malpractice, etc.*

4.a. Names and addresses of devisees in the Will, including dates of birth of minors. If there are no minors, so state.

Name	Date of Birth	Address	Relationship to Decedent
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*Devisees are those people (or agencies or trust) named in the will/codicil/memorandum to inherit; do not list alternate beneficiaries unless primary beneficiaries are deceased. If there is no Will, insert NA and proceed to 4b.*

_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

4.b. 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
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*List all heirs who would have inherited had there been no will and who are not already listed in 4a. Heirs = spouse & children; if not, then parents; if none, issue of parents; if none, then grandparents; if non, then issue of grandparents, etc.*

_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

*In all cases, complete #5-#12 to the best of your knowledge ("unknown" 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 this 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 Probate 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?

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?

*An official 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? *If yes, depending on the circumstances, you may be unable to probate this estate; contact your attorney.*

NO  YES If yes, please state circumstances authorizing tardy probate on page 3.

11. The decedent died with a personal estate of about the value of \$ estimated value of personal property and real estate of about the value of \$ estimated value of real property. (A full inventory and appraisal, Form 350PC, must be filed within 90 days.)

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, proceed to Section III.*

1. Regarding the decedent's Will:

Check only one.

- The original is attached
- The original is in the Court's possession
- 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

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:

date will was signed

Codicil: list all codicils and date signed, if applicable

Memorandum: indicate date memorandum was signed; the will must indicate a memorandum may be attached

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 in answering above questions; for additional sheets use 8 1/2 x 11 paper.*

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:

*List name and address of person applying to be appointed as Personal Representative.*

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): \_\_\_\_\_
- creditor (45 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 a person nominated in the will is deceased, 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 \_\_\_\_\_

Signature of PR: Signature of person applying for PR apt.  
Name: Printed name of above person

*Notary public signs here; must see you sign to the right.*  
\_\_\_\_\_  
Notary Public for South Carolina

Signature of Co-PR: \_\_\_\_\_  
Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Proceed to page 6.

**ORDER OF INFORMAL PROBATE**

IT IS HEREBY ORDERED that the above application for probate of a will executed \_\_\_\_\_  
be  GRANTED  DENIED informally this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Debora A Faulkner, Probate Court Judge

**ORDER OF FORMAL TESTACY**

On hearing of the above petition, this Court finds that the person is deceased, venue is proper, and the proceeding was commenced within appropriate time limits.

The Court further finds that

the decedent died intestate. The heirs are:

the decedent died testate. IT IS HEREBY ORDERED that the Last Will and Testament of the above-named decedent, dated \_\_\_\_\_, be admitted formally to probate.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Debora A Faulkner, Probate Court Judge

SEE ATTACHED ORDER

**ORDER OF APPOINTMENT**

IT IS HEREBY ORDERED that the above Application/Petition for appointment be granted upon the filing of a bond as appropriate, qualification, and acceptance.

- Fiduciary Bond in the amount of \$ \_\_\_\_\_
- Bond waived by will
- Bond not required as PR is sole heir or sole devisee
- Bond not required as PR is state agency, bank, or trust company
- Bond not required as PR is officer of the court
- Bond waivers filed
- See order dated \_\_\_\_\_
- Other: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Debora A Faulkner, Probate Court Judge

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**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.

Signature: Signature of applicant  
Name: Printed name of applicant  
Address: Address of applicant  
  
E-mail: Email address of applicant  
Telephone (O): Work telephone number of applicant  
(H): Home and/or cell telephone number of applicant

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
E-mail: \_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_

Attorney: Name of attorney assisting with probate  
Address: Attorney's mailing address  
  
E-mail: Attorney's email address  
Telephone (O): Attorney's office telephone number