

APPLICATION FOR SUBSEQUENT ADMINISTRATION

IN THE MATTER OF: _____)
Deceased _____)

*COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL SUBSEQUENT ADMINISTRATION

* _____)
Petitioner _____)
vs. _____)
* _____)
Respondent(s) _____)

INFORMAL

FORMAL*

Applicant: _____

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

2. Date of Death of Decedent: _____

3. Additional property in the above estate has been discovered or previously identified estate property has not been completely administered. A description of the property and its approximate value at the date of decedent's death is provided below:

4. _____, the previously appointed Personal Representative(s), was/were discharged on _____.

5. The name(s) and address(es) of the person(s) applying to be appointed as Personal Representative(s) to administer the above property is/are: _____

Priority for this appointment is:

- named as Primary Personal Representative in will
- named as Alternate Personal Representative in will
- nominee of Primary Personal Representative
- nominee of Alternate Personal Representative
- 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): _____
- nominee of any of the above

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: _____
Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (O): _____
(H): _____

ORDER FOR SUBSEQUENT ADMINISTRATION

IT IS HEREBY ORDERED that _____ be appointed Personal Representative to administer property not previously administered as indicated in the above application/ petition.

Executed this _____ day of _____, 20_____.

Debora A. Faulkner, Probate Court Judge

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: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____
Email Address: _____

Attorney: _____
Mailing Address: _____

Telephone: _____
Email Address: _____