|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| STATE OF SOUTH CAROLINA | | ) | IN THE PROBATE COURT | | | |
|  | | ) |  | | | |
| COUNTY OF GREENVILLE | | ) |  | | | |
|  | | ) |  | | | |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | )  ) | **CASE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| (Decedent) | | ) |  | | | |
| |  | | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petitioner(s) vs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Respondent(s) | | | | | \***PETITION FOR REMOVAL OF**  **PERSONAL REPRESENTATIVE** | |
| I request an Order for the removal of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Personal Representative in the Estate, because (check all that apply): | | | |

The Personal Representative intentionally misrepresented material facts on the Application or Petition leading to his/her appointment. Additional Information:

The Personal Representative disregarded a Court order. Additional information:

The Personal Representative has become incapable of carrying out his/her assigned duties. Additional information:

The Personal Representative has mismanaged the Estate. Additional information:

The Personal Representative failed to perform a required duty. Additional information:

Removal is in the best interests of the Estate because:

(Attach additional sheets if necessary.)

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

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Address: |  |
|  |  |
| Telephone (Work): |  |
| (Home): |  |
| (Cell): |  |
| Email: |  |
| Relationship to Decedent/Estate: |  |
|  |  |
| Attorney: |  |
| Address: |  |
|  |  |
| Telephone: |  |
| Email: |  |

**\*NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO A PETITION, YOU MUST ALSO FILE**

**A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF $150.00.**

**A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**