

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

IN THE PROBATE COURT  
CASE NUMBER \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_ )  
Deceased \_\_\_\_\_ )

Decedent's Date of Death (if known): \_\_\_\_\_  
Decedent's Last Mailing Address: \_\_\_\_\_

- WAIVER OF NOTICE
- REQUEST FOR NOTICE
- DEMAND FOR NOTICE

I. Nature of interest of undersigned: \_\_\_\_\_

II. I waive or demand/request notice of the following items pertaining to the above estate as indicated.  
I understand that by waiving the following items, I will not receive any copies or notices related to the items waived.

WAIVE      DEMAND/REQUEST

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application for informal probate or appointment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Information to Heirs and Devisees                |
| <input type="checkbox"/> | <input type="checkbox"/> | Petition for formal probate or appointment       |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of notice to creditors                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Inventory and Appraisalment                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Accounting                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of Right to Demand Hearing                |
| <input type="checkbox"/> | <input type="checkbox"/> | Any petition and corresponding order             |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposal for Distribution                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Petition for Settlement                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Any hearings or Right to Appeal                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Petition for appointment of guardian/conservator |
| <input type="checkbox"/> | <input type="checkbox"/> | Protective Proceedings                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____                           |

III. My address and/or that of my attorney is listed below.

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

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_  
Email: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_