

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

IN THE PROBATE COURT  
CASE NUMBER:

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

**NOTICE OF DISALLOWANCE OF CLAIM**

TO:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The undersigned, as the Personal Representative(s)/Conservator(s) appointed to administer this estate, disallows  
\$ \_\_\_\_\_ of your claim for \$ \_\_\_\_\_ presented on \_\_\_\_\_.

Your claim was disallowed for the following reason(s):

Failure to protest this disallowance of your claim, i.e., failing to file your \*petition for its allowance (Form 373PC) in the Probate Court and failing to commence a proceeding on the claim within thirty days after the mailing of this Notice of Disallowance of Claim, shall result in your claim or the disallowed portion of your claim being forever barred.

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

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

\*Note to creditor: This is a formal action and also requires a civil summons and \$150 filing fee.