|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **WAIVER OF BOND** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

The undersigned states as follows:

I am an

Heir or beneficiary of the Estate;

Interested party other than a creditor of the Estate;

and I hereby request that the Court:

|  |  |
| --- | --- |
|  | waive bond |

|  |  |
| --- | --- |
|  | for any person appointed to administer this Estate |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | for |  | | |
|  | | | | (name of proposed Personal Representative) |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| SWORN to before me this \_\_\_\_\_\_\_ day of | Signature: |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ | Print Name: |  | |
|  | Address: |  | |
|  |  |  | |
| Notary Public for South Carolina | Telephone (Work): |  | |
| My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Home): |  | |
|  | (Cell): |  | |
|  | Email: |  | |
| Relationship to Decedent/Estate: | |  |