|  |  |  |
| --- | --- | --- |
| 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:  |  |