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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner(s)

vs. **\*PETITION FOR ADMINISTRATION UNDER PART 5**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent(s)

The undersigned hereby petitions for Administration Under Part 5.

Check if applicable:

The testacy of the Decedent and the priority and qualification of a Personal Representative have not been previously adjudicated. Attached is FORM 300ES, the Petition required for formal testacy proceedings.

I have met the notice requirements mandated by law for formal testacy proceedings.

A Personal Representative has been previously appointed.

|  |  |  |
| --- | --- | --- |
|  | Other: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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

**\*NOTE: THIS IS A FORMAL ACTION. 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.**