|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA |  |  IN THE PROBATE COURT |
| COUNTY OF GREENVILLE |  |  CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| IN THE MATTER OF: |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, |  |  |
| an alleged incapacitated individual. |  |  |
|  |  |  NOTICE OF CORRECTION  |
|  |  |  |
|  |  |  |

**THIS FORM CANNOT BE USED TO ADD OR DELETE**

**INTERESTED PERSONS ON A PETITION, APPLICATION,**

**OR PLEADING**

Please correct the error(s) in the following document(s):

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| Document to be corrected: |   |
| Correction(s) to be made: |   |
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| Correction(s) to be made: |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |   | day of | Signature: |   |
|   | 20 |   | Print Name: |  |
|  | Address: |  |
|  |  |  |
| Print Name: |   | Preferred Telephone: |  |
| Notary Public for: |   | Email: |  |
| My Commission Expires: |   | Relationship to protected person: |   |

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

**NOTE: Use of this form is limited to correcting minor clerical errors.**