|  |  |  |
| --- | --- | --- |
| 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):

|  |  |
| --- | --- |
| Document to be corrected: |  |
| Correction(s) to be made: |  |
| Document to be corrected: |  |
| 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.**