

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF GREENVILLE )  
 )  
IN THE MATTER OF: )  
 )  
\_\_\_\_\_) CASE NUMBER: \_\_\_\_\_  
(Alleged Incapacitated Individual) )

IN THE PROBATE COURT

**PROOF OF DELIVERY**

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed or delivered the following document(s):

- ☐ A copy of which is attached hereto and incorporated herein, or  
☐ The original of which is on file with the Court.

Delivery was accomplished by the following method (check appropriate box):

- ☐ personal delivery                      ☐ ordinary first-class mail  
☐ certified mail                              ☐ registered mail  
☐ commercial delivery

to each of the following persons at the address shown:

**NAME**

**ADDRESS**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Relationship to Decedent/Estate: \_\_\_\_\_