|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

|  |  |
| --- | --- |
| TO: Creditor: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Original Creditor: |  |
| Address (if different from above) |  |
| Filed Date of Claim: |  |
| Claim Amount: |  |
| Account Number: |  |
| Other Reference Number: |  |

The undersigned, Personal Representative finds:

ALLOWED CLAIMS

**Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the estate. However, an Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.**

The claim is allowed and will be paid.

The claim is allowed but cannot be paid due to (check all that apply):

No cash or liquid assets are available in the estate

No personal property is available in the estate

No real estate is available (house, land, etc.)

Real estate is in foreclosure

Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISALLOWED CLAIMS

**A disallowed claim either in whole or in part will be barred to the extent disallowed unless the creditor commences a formal proceeding requiring a Summons, Petition and filing fee of $150 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim. 62-3-806(a)**

The claim is disallowed in part. The amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is disallowed; the balance of \_\_\_\_\_\_\_\_\_\_\_\_is allowed. Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The claim is disallowed in full. Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| Executed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_. | | |
| Personal Representative Signature: |  | |
| Print Name: |  | |
| Address: |  | |
|  |  | |
| Telephone (Work): |  | |
| (Home): |  | |
| (Cell): |  | |
| Email: |  | |