|  |  |  |
| --- | --- | --- |
| 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: |  |