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| --- | --- |
| STATE OF SOUTH CAROLINA | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| IN THE MATTER OF:  | **APPOINTMENT OF AGENT** |
|  | **FOR SERVICE OF PROCESS** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, |  |
| a protected person. |  |
|  |  |

 The undersigned hereby appoints the below‑named as his/her agent upon whom may be served all original or other lawful process in any action at law or equity related to the above estate.

 The undersigned agrees that process served upon the agent herein appointed shall be of the same force and effect as if duly served upon the undersigned within the State of South Carolina.

|  |  |
| --- | --- |
| Agent Name: |  |
| Address: |  |
|  |  |
| Preferred Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Conservator/Guardian: |  |
| Address: |  |
|  |  |
| Preferred Telephone: |  |
| Email: |  |

**ACCEPTANCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I accept the above appointment as Agent on this |  | day of |  | , | 20 | . |

|  |  |
| --- | --- |
| Agent Signature: |  |
| Print Name: |  |
|  |  |
| \*Disinterested Witness Signature: |  |
| Print Name: |  |

**\*Must not be a party in the Conservatorship and/or Guardianship, related to the Protected Person, Conservator, Guardian, spouse/children**