STATE OF SOUTH CAROLINA	IN THE PROBATE COURT
COUNTY OF GREENVILLE	
IN THE MATTER OF:	
	CASE NUMBER:
(Decedent)	)
*COMPLETE THIS SECTION ONLY IF FILING PET FOR FORMAL TESTACY AND/OR FORMAL APPO	
Petitioner(s)	
VS.	
*Respondent(s)	,
APPLICATION FOR INFORMAL (check PROBATE OF WILL APPOINTMENT	any that apply)  *PETITION FOR FORMAL  TESTACY  APPOINTMENT
If this is a formal filing, please explain on page 3 or a	ttach pleadings pursuant to SC Rules of Civil Procedure.
*NOTE IS THE IS A SORMAL PROOFERING	IN ADDITION TO THE FORM DETITION VOLUMENT ALSO FILE
	IN ADDITION TO THIS FORM PETITION, YOU MUST ALSO FILE THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE E REQUIRED.
I. ALL APPLICANTS/PETITIONERS MUST COMP	DI ETE THIS SECTION
1. Print Applicant/Petitioner	LETE THIS SECTION.
Full, Legal Name:	
Complete Address:	
Telephone	
(Work / Home / Cell):	
E-mail:	
Relationship to Decedent:	
Decedent Information:	
Print Full Legal Name	
(including all known names):	
Date of Birth:	
Date of Death:	
Age at date of death:	
Venue for this proceeding is proper in this co	annty because.
Decedent was domiciled in this County at da	
Address:	; County: Greenville; State: South Carolina.
Decedent was not domiciled in South Carol	lina, but property of Decedent was located in this County at date of; County: Greenville; State: South Carolina
Decedent has a right to take legal action in t	his County because:
If the above address is the address of a nursing	home, a prison, or other residential facility, please give the last
address of the Decedent prior to entering the fac	"HITV"

			CASE NU	JMBER:
4(a	a). Names and address	es of beneficiaries (devis	sees) named in the Will.	
	Full Legal Name			Relationship
(inc	eluding all known names)	Year of Birth	Full Address	to Decedent
□s	ee attached for additional	devisees (check if appli	cable)	
4(	b) Names and addre	sses of intestate heirs w	ho are not devisees (persons who inh	nerit if Decedent left no Will).
(inc	Full Legal Name sluding all known names)	Year of Birth	Full Address	Relationship to Decedent
□s	ee attached for additional	intestate heirs (check if	applicable)	
4(c)	Did all of the above person YES ☐ NO If no, pl		and twenty (120) hours since the de	ath of Decedent?
	Did Decedent have any cl	hange of marital status or ld of the Decedent been es illegitimate children.)	or the birth or adoption of any children born since his/her death, or is any bi	
	To the best of your knowle facility during his/her lifetil ☐ NO ☐ YES If yes, p	me?	a patient in a non-private State of So	outh Carolina mental health
	Has a Guardian or Conse ☐ NO ☐ YES If yes, p		ted by the Court for this person?	
	Has a Personal Represen	tative of the Decedent b	een appointed prior to this date by a	Court in this state or
		lease state details, inclu	ding name and address of such Pers	onal Representative on
	proceeding concerning the	e Decedent that may ha	ands for Notice (FORM #111ES) of an we been filed in this state or elsewher	e?

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	CASE NUMBER:
10.	Have more than ten (10) years passed since the Decedent's death?  NO YES If yes, please state circumstances authorizing tardy probate on page 3.
11(a).	Did the Decedent own probate real estate?  ☐ NO ☐ YES If yes, an approximate value is \$
	(Note: Estimate the value, unknown or TBD is not satisfactory, and a complete inventory of probate assets with more precise fair market values value after Personal Representative is appointed.)
11(b).	Did the Decedent own probate personal property?  ☐ NO ☐ YES If yes, an approximate value is \$
	(Note: Estimate the value, unknown or TBD is not satisfactory, and a complete inventory of probate assets with more precise fair market values value after Personal Representative is appointed.)
12.	Have you made a diligent search for a Will of the Decedent?
	☐ YES ☐ NO If no, please explain on page 3 below.
II.	IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.
1.	Regarding the Decedent's Will:  The original is attached.  The original is in the Court's possession.  An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.  An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.  The original of the Will is lost, destroyed, or otherwise unavailable, however, a description of its contents is attached. (For formal proceeding, explain below or attach supplemental pleadings.)
2.	The execution date of the Will was:  Codicil(s):
3.	Is there a Memorandum that disposes of tangible personal property pursuant to 62-2-512?  NO YES If yes, attach hereto.
4.	To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?  YES NO If no, please explain on page 3.
5.	To the best of your knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a witness, a witness's spouse, or a witness's issue)?  NO YES If yes, please explain on page 3.

COMPLETE EXPLANATION (S) FOR QUESTIONS IN SECTIONS I and II HERE. (If more space is required, use additional sheets.)

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		CASE NUMBER:
III.	IF	APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.
	1.	If the Applicant/Petitioner is <u>not</u> the proposed Personal Representative, list name and address of the person you are proposing be appointed as the fiduciary:
	2.	Priority for appointment of the proposed Personal Representative (whether applicant or nominee) is:
		named as Primary Personal Representative in Will named as Alternate Personal Representative in Will nominee of Primary Personal Representative named in Will nominee of Alternate Personal Representative named in Will surviving spouse of Decedent who is devisee of Decedent or nominee of said spouse
		other devisee of Decedent (describe): or nominee of said devisee surviving spouse of Decedent or nominee of said spouse other heir of Decedent (describe): or nominee of said heir creditor (Forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, FORM 371ES, is attached other (describe):
	3.	List below the name(s) of any other person(s), if any, having an equal or higher priority of appointment than the proposed Personal Representative:

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CASE NUMBER:	
CASE NUMBER.	

## IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

## **VERIFICATION**

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this	day	Signature of Applicant/Petitioner:	
of	20	B	
Notary Public for South Carolina My Commission Expires:	<u> </u>		
IT IS HEREBY ORDERED that Codicil executed Memorandum	the above applicat	R OF INFORMAL PROBATE tion for probate of a Will executed and	and
be informally $\square$ GRANTED $\square$	DENIED.		
	Executed this	day of,,,,	oate Court Judge ciate Probate Court Judge
☐ For formal probate of Will, se	ee separate order	executed	
	ORDER C	OF INFORMAL APPOINTMENT	
		tion for Appointment be granted upo tion and Statement of Acceptance o	
	rsonal Representa rsonal Representa	ative nominated by Will ative is sole heir or sole devisee ative is State agency, bank, or trust o	Notice to Creditors: Required Not Required

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See order dated	
See order dated	
Other:	
Executed this day	/ of
·	
	□Debora A. Faulkner, Probate Court Judge
	Caroline M. Horlbeck, Associate Probate Court Judge
	☐ Tracy Sharp Robertson, Deputy Probate Court Judge
· · · · · · · · · · · · · · · · · · ·	
For formal appointment of Personal Representative	, see separate order executed
OLIAL IEICATION AND	STATEMENT OF ACCEPTANCE
QUALIFICATION AND	STATEMENT OF ACCEPTANCE
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Representative of this estate. I further submit personal	ies and discharge the trust of the office of Personal ly to the jurisdiction of the Court in any proceeding relating to the
accept this appointment and agree to perform the dut Representative of this estate. I further submit personal Estate.	
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CASE NUMBER:	
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