

CASE NUMBER:

COMPLETE 4a IF THERE IS A WILL. IF THERE IS NOT A WILL, THEN 4a IS LEFT BLANK

4a. Names and addresses of devisees, including dates of birth of minors:

Name	Date of Birth	Address	Relationship to Decedent
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Enter the names,, complete addresses and relationships of persons named in the Will to inherit. If any person inheriting is a minor then date of birth is required. A Personal Representative will not be appointed without complete addresses.

(use additional sheet if necessary)

COMPLETE 4b IF THERE IS A WILL AND IF THERE IS NO WILL

4b. Names and addresses of intestate heirs who are not devisees, including dates of birth of minors:

Name	Date of Birth	Address	Relationship to Decedent
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Enter the names, complete addresses and relationships of persons who are heirs of the decedent but not inheriting from the Will. If anyone listed in this Section is a minor, then the minor's date of birth is required. (Example: wife and two children survive decedent, the Will leaves everything to the wife, wife is listed on 4a and the two children are listed on 4b.) A Personal Representative will not be appointed without complete addresses.

All of the following YES or NO questions must be answered. Do not leave any questions blank. If an explanation is required, please explain on page 3.

5. Did decedent have any change of marital status or the birth or adoption of any children after execution of the Will (if one exists), or has any child of the decedent been born since his death, or is any birth of a child of the decedent anticipated? (This includes illegitimate children.)
 NO YES If yes, please explain on page 3.
6. To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?
 NO YES If yes, please explain on page 3.
7. Has a guardian or conservator ever been appointed for this person?
 NO YES If yes, please explain on page 3.
8. Has a personal representative of the decedent been appointed prior to this date in this state or elsewhere?
 NO YES If yes, please state details, including name and address of such Personal Representative, on page 3.
9. Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere?
 NO YES If yes, please state details, including names and addresses, on page 3.
10. Have more than ten years passed since the decedent's death?
 NO YES If yes, please state circumstances authorizing tardy probate on page 3.

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11. The decedent died with a personal estate of about the value of \$ _____ and real estate of about the value of \$ _____. (A full inventory and appraisal, Form #350PC, must be filed within 90 days of appointment.) If decedent was a non-resident, please attach South Carolina Tax Commission Form ET 101 if date of death was prior to 1/01/05.
12. After the exercise of reasonable diligence, are you aware of any unrevoked will and/or codicil(s), other than the one(s) attached hereto, relating to property in this State?
 NO *YES* If yes, please explain on page 3 and then proceed to Section II.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

1. Regarding the decedent's will: **Mark the box which describes the Will you wish to admit to Probate**
 the original is attached
 the original is in the Court's possession
 an authenticated copy of a will probated in another jurisdiction is attached
 an authenticated copy of a will not probated in another jurisdiction is attached
 the will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached
2. Do you believe, to the best of your knowledge, the will described above was validly executed?
 YES *NO* If no, please explain below.
3. The date of execution of the will was: **Date the Will was signed by the decedent**
codicil(s): **Date any Codicil was signed by the decedent**
4. Are you aware of any instrument or document amending or revoking the will?
 NO *YES* If yes, please explain below.
5. Have you exercised reasonable diligence to determine there is no instrument or document revoking the will?
 YES *NO* If no, please explain below.
6. Do you believe the will defined in "1" above is the decedent's last will?
 YES *NO* If no, please explain below.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I AND II HERE.

(If more space is required, use additional sheet.)

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III.

IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING:

1. The name(s) and address(es) of the proposed Personal Representative(s) is/are:

Enter the names and address(es) of the person(s) who is/are applying to handle the administration of the decedent's estate

2. The nominee's priority of appointment is as follows:

- checkbox named as Primary Personal Representative in will or nominee of Primary Personal Representative
checkbox named as Alternate Personal Representative in will or nominee of Alternate Personal Representative
checkbox surviving spouse of decedent who is devisee of decedent or nominee of said spouse
checkbox other devisee of decedent (describe): _____ or nominee of said devisee
checkbox surviving spouse of decedent or nominee of said spouse
checkbox other heir of decedent (describe): _____ or nominee of said heir
checkbox creditor (forty-five days after death must have passed) or nominee of creditor
checkbox other (describe): _____
checkbox nominee of any of the above

3. List below the names of any other persons, if any, having a prior or equal right of appointment (see priority above).

List anyone who has an equal or higher priority to serve as Personal Representative (see list above) than the proposed Personal Representative. Anyone with equal or higher priority must renounce their right to serve and nominate the proposed Personal Representative for Informal Appointment. (Please see Probate Form 302PC)

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

The undersigned, being sworn, states that the facts set forth in the fore-going 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 of _____, _____.

Signature: Person completing form signs here
Name: Print name here

Notary Public signs here
Notary Public for South Carolina
My Commission Expires: _____

ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a will be [] GRANTED [] DENIED informally this ____ day of _____, _____.

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Amy W. McCulloch
Richland County Probate Judge

ORDER OF FORMAL TESTACY

On hearing of the above petition, this Court finds that the person is deceased, venue is proper, and the proceeding was commenced within appropriate time limits.

The Court further finds that:

the decedent died intestate. The heirs are:

the decedent died testate. IT IS THEREBY ORDERED that the Last Will and Testament of the above-named decedent, dated _____, be admitted formally to probate.

Executed this ____ day of _____, ____.

Amy W. McCulloch
Richland County Probate Judge

SEE ATTACHED ORDER

ORDER OF APPOINTMENT

IT IS HEREBY ORDERED that the above application/petition for appointment be granted upon the filing of a bond as appropriate, qualification and acceptance.

Executed this ____ day of _____, ____.

Amy W. McCulloch
Richland County Probate Judge

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QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate.

Signature: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____

Signature: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____

Attorney: _____

Address: _____

Telephone: _____

If you do not have access to a Notary Public, a staff member at the Probate Court can notarize your signature. Please complete this Application/ Petition thoroughly and list complete addresses where needed.