|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
| EX PARTE:       | ) |  |
| Guardian/Applicant,  | ) |  |
|  | ) | PROBATE COURT USE ONLY |
| IN THE MATTER OF: | )) | IN THE PROBATE COURT |
|      , | )) | CASE NUMBER      -GC-     -      |
| a ward. | ) | **APPLICATION FOR USE OF DECEASED WARD’S FUNDS** |

Applicant was the appointed Guardian for the Ward. Ward died on       (date), and there is no conservator. The following proof of death is attached:

|  |  |  |
| --- | --- | --- |
| [ ]  Certified death certificate |  | . |
| [ ]  Obituary[ ]  Other proof of death (specify):       |

Ward has total cash assets of $     . Account information is set forth below.

Account (Bank, Last 4 digits of account):

Current Balance: $

Applicant seeks Court approval to use the Ward’s funds for final disposition of the Ward’s remains as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Payee of Requested Funds  |  | Item/Service |  | Cost |
| 1. |       |  |       |  |       |
| 2. |       |  |       |  |       |
| 3. |       |  |       |  |       |

 **Documentation supporting each requested expenditure is attached.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |       | day of | Signature: |  |
|      , | 20 |      . | Print Name: |       |
|  | Address: |       |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |       |
| Print Name: |       | Preferred Telephone: |       |
| Notary Public for: |       | Secondary Telephone: |       |
|  | (State) | Email: |       |
| My Commission Expires: |      (Date) |  |  |

**ORDER**

|  |
| --- |
| Upon the Court’s consideration of the Application and a determination that the requested expenditure(s) is/are appropriate, **IT IS ORDERED** that the Applicant may use $      from the account(s) listed above for the purpose(s) stated in the Application. |
| **Applicant shall file an accounting of funds used for purposes set forth herein, along with receipts for all expenditures, within ten (10) days from the date of this Order (Form #555GC). Applicant shall send a copy of the accounting to the last known address of the person nominated as Personal Representative in the Ward’s Will; or, if a Will cannot be located after reasonable effort, to at least one of the Ward’s closest adult relatives at his or her last known address. Applicant shall file a Proof of Delivery (Form #120PC) setting forth the identity and address of the person(s) to whom the accounting was sent, along with the date and method of delivery.** |
| Given under my hand and seal this      day of      , 20     . |
|  |
|      , Probate Judge |