

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF )  
 )  
IN THE MATTER OF: )  
 )  
(Decedent) )

IN THE PROBATE COURT

**APPLICATION/\*PETITION FOR APPOINTMENT  
OF SPECIAL ADMINISTRATOR**

CASE NUMBER:

**\*COMPLETE THIS SECTION ONLY IF FILING  
PETITION FOR SPECIAL ADMINISTRATOR**

\*  
,  
Petitioner(s) vs.  
\*  
,  
Respondent(s)

**INFORMAL**

**\*FORMAL**

Appointment of a Special Administrator is requested:

**INFORMAL PROCEEDING:**

- to protect the Estate of Decedent prior to the appointment of a general Personal Representative.
- to safeguard Estate assets until a Successor Personal Representative is appointed due to the death or disability of \_\_\_\_\_, the previously appointed Personal Representative.
- to enforce a creditor's security interest upon property of the Estate or to institute proceedings to establish the Decedent's liability to the extent of the limits of insurance protection only.
- to take appropriate actions involving Estate assets, specifically
  - to obtain medical, tax, or other confidential records, specifically: \_\_\_\_\_.
  - to gain access to and take possession of any Wills, deeds to cemetery plots, and insurance policies, or other Estate related documents in Decedent's safe deposit box located at: \_\_\_\_\_.
  - Other, specifically: \_\_\_\_\_.

**FORMAL PROCEEDING:**

- Appointment of a Special Administrator is requested to preserve the Estate and to secure the Estate and to secure the Estate's proper administration because: \_\_\_\_\_.
- Other: \_\_\_\_\_.

**\*NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO A PETITION, YOU MUST ALSO FILE  
A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF \$150.00.  
A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

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**VERIFICATION**

The undersigned, being sworn, states that the facts set forth in the foregoing statements 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 \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Decedent/Estate: \_\_\_\_\_

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**ORDER FOR HEARING**

IT IS HEREBY ORDERED that a hearing on this matter be set for:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

Pursuant to SCPC 62-1-401, Petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing date.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Kathy G. Ward, Probate Judge

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**ORDER OF APPOINTMENT**

IT IS HEREBY ORDERED that the above application/petition for appointment of Special Administrator in the above estate be

GRANTED  DENIED as follows:

**RESTRICTIONS:** \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Kathy G. Ward, Probate Judge

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**QUALIFICATION AND STATEMENT OF ACCEPTANCE**

I accept appointment and agree to perform the duties and discharge the trust of the office of Special Administrator of the foregoing Estate and submit to the jurisdiction of the Court in this matter.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_