STATE OF SOUTH CAROLINA) IN THE PROBATE COURT	
COUNTY OF:)	
IN THE MATTER OF:)) CASE NUMBER:	
(Decedent))	
*COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL TESTACY AND/OR FORMAL APPOINTMEN	т	
*		
, Petitioner(s)		
vs.		
*		
, Respondent(s)		
APPLICATION FOR INFORMAL (check	any that apply) *PETITION FOR FORMAL	
☐ PROBATE OF WILL	☐ TESTACY	
☐ APPOINTMENT	☐ APPOINTMENT	
If this is a formal filing, please explain on page 4 or att	ach pleadings pursuant to SC Rules of Civil Procedure.	
	DDITION TO THIS FORM PETITION, YOU MUST ALSO FILE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE QUIRED.	
I. ALL APPLICANTS/PETITIONERS MUST COMPLETE TH	IIS SECTION.	
4 A 15 (15 1111 ()		
A deline e e .		
(Home):		
(Cell):		
Email:		
Relationship to Decedent.		
2. Decedent Information:		
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 County bec		
☐ Decedent was domiciled in this County at date of death:		
Address: County: State: South Carolina.		
☐ Decedent was not domiciled in South Carolina , but property of Decedent was located in this County		
at date of death at: Address: County: State: South Carolina		
Decedent has a right to take legal action in this County	y because:	
If the above address is the address of a nursing home of the Decedent prior to entering a facility:	e, prison, or other residential facility, please give the last address	

FORM #300ES (09/2020) Page 1 of 6

(in	Full Legal Name cluding all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent
				_	
				_	
$\overline{}$	See attached for additiona	ul davisaas (aback if	annlicable)		
		`	who are not devisees (perso	ons who inherit if Decedent	left no Will)
	Full Legal Name	Year of Birth	Full Address	Email Address	Relationship
(ir	cluding all known names)	rear or birtir	Full Address	Email Address	to Decedent
				_	
\Box	See attached for additiona	l intestate heirs (che	ack if applicable)		
			hundred and twenty (120) h	nours since the death of Dea	redent?
-	☐ YES ☐ NO If no, ple			loars since the death of Bot	ocucii:
5.	·		tus or the birth or adoption o	f any children after execution	on of this Will if
Ο.		ild of the Decedent b	een born since his/her deatl		
	☐ NO ☐ YES If yes, p	olease explain, on pa	ige 4.		
6.	To the best of your knowl facility during his/her lifeti		dent a patient in a non-priva	te State of South Carolina r	mental health
	□ NO □ YES If yes, p	olease explain, on pa	ige 4.		
7.	Has a Guardian or Conse	ervator ever been ap	pointed by a Court for this p	erson?	
	☐ NO ☐ YES If yes, p	olease explain on pa	ge 4.		
8.	Has a Personal Represer elsewhere?	ntative of the Decede	ent been appointed prior to t	his date by a Court in this s	tate or
	☐ NO ☐ YES If yes, p page 4.		ncluding name and address	of such Personal Represer	ntative on
9.			emands for Notice (FORM # y have been filed in this state		ppointment
	□NO □YES If ves. p	olease state details. i	ncluding names and addres	ses on page 4.	

Names and addresses of beneficiaries (devisees) named in the Will.

4(a).

FORM #300ES (09/2020) Page 2 of 6

10.	nave more man te	en (10) years passed since the Decedent's death?
	☐ NO ☐ YES	If yes, please state circumstances authorizing tardy probate on page 4.
11(a).	Did the Decedent	own probate real estate?
	□ NO □ YES	If yes, an approximate value of \$ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)
11(b).	Did the Decedent	own probate personal property?
	□ NO □ YES	If yes, an approximate value of \$ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)
11(c).		appointment as Personal Representative in order to pursue civil litigation on behalf of the Decedent's civil litigation attorney?
	☐ NO ☐ YES	If yes, please provide the name of the civil litigation attorney:
11(d).	At the time of Decattorney?	cedent's death, was he or she involved in any pending civil litigation? Is there a civil litigation
	☐ NO ☐ YES	If yes, please state the circumstances and name of attorney on page 4.
11(e).		NO to questions 11(a) - 11(d) above, but are seeking the appointment of a Personal Representative, by the appointment is requested on page 4.
12.	Have you made a	diligent search for a Will of the Decedent?
	☐ YES ☐ NO	If no, please explain on page 4.
II. IF	F A WILL EXISTS, I	PLEASE COMPLETE THIS SECTION.
1. F	Regarding the Dece	edent's Will:
	☐ An exemplified ☐ An exemplified ☐ The original of	attached. in the Court's possession. I (authenticated) copy of a Will probated in another jurisdiction is attached. I (authenticated) copy of a Will not probated in another jurisdiction is attached. I the Will is lost, destroyed, or otherwise unavailable, however, a copy or a description of its contents or formal proceeding, explain below or attach supplemental pleadings)
2.	The execution date	e of the Will was: Codicil(s):
3.	Is there a memora	ndum that disposes of tangible personal property pursuant to 62-2-512?
	□ NO □ YES	If yes, attach hereto.
4.	To the best of your	r knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?
	☐ YES ☐ NO	If no, please explain on page 4.
5.		r knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a 's spouse, or a witness's issue)?
	□ NO □ YES	If yes, please explain on page 4.

FORM #300ES (09/2020) Page 3 of 6

		TION(S) FOR QUESTIONS IN SECTIONS I and II HERE.	
	(If more space is require	ed, use additional sheets.)	
. IF APPLYING FOF	R INFORMAL OR FORMA	L APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.	
	t/Petitioner is not the propo sing be appointed as the fid	osed Personal Representative(s), list name and address of the duciary:	e person
2. Priority for app	ointment of the proposed I	Personal Representative (whether applicant or nominee) is:	
named as nominee or nominee or surviving s other devis	see of Decedent (describe)	sentative in Will sentative in Will esentative in Will s devisee of Decedent or nominee of said spouse):or nominee of said devisee	
other heir of creditor (for claim, FOF		ninee of said spouse or nominee of said heir ath must have passed) or nominee of creditor; written stateme	ent of
	name(s) of any other personal Representative:	on(s), if any, having an equal or higher priority of appointment	t than the
. ALL APPLICAI	NTS/PETITIONERS MUST	T COMPLETE VERIFICATION.	
. ALL APPLICAI	NTS/PETITIONERS MUST	T COMPLETE VERIFICATION. VERIFICATION	
ne undersigned, being	g sworn, states that the fac		the
ne undersigned, being ndersigned's knowled WORN to before me	g sworn, states that the fac lge, information and belief,	VERIFICATION cts set forth in the foregoing statement are true to the best of the set o	
ne undersigned, being dersigned's knowled WORN to before me , 20 otary Public for South	g sworn, states that the fac dge, information and belief, this day	VERIFICATION cts set forth in the foregoing statement are true to the best of the distribution of the count's jurisdiction in this matter. Signature of	
ne undersigned, being	g sworn, states that the fac lge, information and belief, this day n Carolina es:	VERIFICATION cts set forth in the foregoing statement are true to the best of the distribution of the count's jurisdiction in this matter. Signature of	

FORM #300ES (09/2020) Page 4 of 6

ORDER OF INFORMAL PROBATE			
IT IS HEREBY ORDERED that the above application of the control of	ion for probate	of a Will execute	edand
be informally GRANTED DENIED.			
Executed this	day of	, 2 .	
			, Probate Court Judge
For formal probate of Will, see separate order e	executed		
ORDER	OF INFORMA	AL APPOINTMEN	NT .
IT IS HEREBY ORDERED that the above Application applicable, and upon the signing of the Qualification			
Bond Notice to Creditors Required Required Not Required See order dated See order dated Other:			
Executed this	day of	, 2 .	
			, Probate Court Judge
☐ For formal appointment of Personal Representa	ative, see sepa	arate order execu	ted

FORM #300ES (09/2020) Page 5 of 6

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. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature:	
Print Name:	
Address:	
Telephone (Work):	
(Home):	
(Cell):	
Email:	
Signature:	
Address:	
7 144 1 2 2 2 1	
Telephone (Work):	
(Cell):	
Email:	
4 A 11	
*Attorney:	
Address:	
Talanharas	
Telephone:	
Email:	

FORM #300ES (09/2020) Page 6 of 6

^{*}By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.