|  |  |  |
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| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )) | CASE NUMBER      -GC-     -      |
|  | ) |  |
|  | ) | **NOTICE OF CORRECTION** |

**THIS FORM CANNOT BE USED TO ADD OR DELETE**

**INTERESTED PERSONS ON A PETITION, APPLICATION,**

**OR PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected:

Correction(s) to be made:

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| Executed this       day of      , 20     . |

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| SWORN to before me this  |       | day of | Signature: |  |
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| Print Name: |       | Preferred Telephone: |       |
| Notary Public for: |       | Secondary Telephone: |       |
|  | (State) | Email: |       |
| My Commission Expires: |      (Date) | Relationship to the Protected Person/Ward: |  |

**NOTE: Use of this form is limited to correcting minor clerical errors.**