

STATE OF SOUTH CAROLINA )  
)  
COUNTY OF: HORRY )  
)  
IN THE ESTATE OF: )  
)  
(Decedent) )

IN THE PROBATE COURT

**APPLICATION/\*PETITION FOR  
SUBSEQUENT ADMINISTRATION**

CASE NUMBER:

**\*ONLY COMPLETE THIS SECTION IF FILING  
PETITION FOR SUBSEQUENT ADMINISTRATION**

\*

Petitioner(s)

vs.

\*

Respondent(s)

☐ **INFORMAL**

☐ **\*FORMAL**

The undersigned states as follows:

1.Subsequent administration of the above Estate is needed because:

☐ The following additional property in the above estate has been discovered. A description of the property and its approximate value at the date of Decedent's death is: \_\_\_\_\_

☐ Other reason: \_\_\_\_\_

2. ☐ I served as Personal Representative under the previous administration and fiduciary bond requirement:

- ☐ was waived by Decedent's Will
- ☐ was waived pursuant to the filing of Waivers of Bond
- ☐ was waived by the Court
- ☐ was required and an appropriate bond is attached

☐ I did not serve as Personal Representative under the previous administration; my priority for this appointment is:

- ☐ named as Primary Personal Representative in Will
- ☐ named as Alternate Personal Representative in Will
- ☐ nominee of above Primary Personal Representative in Will
- ☐ nominee of above Alternate Personal Representative in Will
- ☐ surviving spouse of Decedent who is devisee of Decedent or nominee of said spouse
- ☐ other devisee of Decedent (describe): \_\_\_\_\_ or nominee of said devisee
- ☐ surviving spouse of Decedent or nominee of said spouse
- ☐ other heir of Decedent (describe): \_\_\_\_\_
- ☐ creditor (Forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, Form 371ES, is attached
- ☐ other (describe): \_\_\_\_\_

**\*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

Telephone \_\_\_\_\_  
(Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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.

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

\_\_\_\_\_  
☐ R. Allen Beverly, Jr., Probate Judge  
☐ Charles R. Rhodes Jr., Chief Assoc. Probate Judge  
☐ Angela D. Harrison, Assoc. Probate Judge

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### ORDER FOR SUBSEQUENT ADMINISTRATION

IT IS HEREBY ORDERED that \_\_\_\_\_ be appointed Personal Representative to administer property not previously administered as indicated in the above application/petition, or for other reason as indicated in the above Application/Petition for Subsequent Administration.

☐ Bond previously waived  
☐ Previous bond waivers on file  
☐ Other:

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

\_\_\_\_\_  
☐ R. Allen Beverly, Jr., Probate Judge  
☐ Charles R. Rhodes Jr., Chief Assoc. Probate Judge  
☐ Angela D. Harrison, Assoc. 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 and to submit to the Court's jurisdiction in this matter.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_