

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

IN THE PROBATE COURT
DEED OF DISTRIBUTION
(Real Property Only)
NOT A WARRANTY DEED

CASE NUMBER:

The undersigned states as follows:

Decedent died on ____; and probate of the Estate is being administered in the Probate Court for ____ County, South Carolina, in File # ____.

I/We was/were appointed Personal Representative (s) on ____.

Decedent owned real property described as follows:

Tax Map Number:

Street/Property Address:

Legal Description:

Additional sheet(s) for additional property(ies) is attached (check if applicable)

This transfer is made pursuant to:

- Decedent's Will
- Intestacy Statute: SCPC 62-2-103
- Private Family Agreement: SCPC 62-3-912
- Disclaimer by: _____
- Probate Court Order issued on _____
- Other: _____

In accordance with the laws of the State of South Carolina, the Personal Representative(s) does/do hereby release all of the Personal Representative's(s') right, title and interest, including statutory and/or testamentary powers, over the real property described to the beneficiaries named below:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Additional sheet(s) for names of additional beneficiaries is attached (check, if applicable)

IN WITNESS WHEREOF the undersigned, as Personal Representative(s) of the above Estate, has executed this Deed of Distribution, on this _____ day of _____, 20____.

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

Witness: _____

Print Name: _____

Witness : _____

Print Name: _____

Estate of: _____
Signature of Personal
Representative: _____

Print Name: _____

If applicable,
Signature of Co-Personal
Representative: _____

Print Name: _____

STATE OF SOUTH CAROLINA)
)
)

ACKNOWLEDGMENT

COUNTY OF _____

I, _____, Notary Public, a notary for the State of South Carolina do hereby certify that _____, as Personal Representative(s) of the Estate of _____, personally appeared before me this day and acknowledged the due execution of the foregoing Deed of Distribution.

Witness my hand and seal this the _____ day of _____, 20____.

(Signature of Notary Public) (SEAL)

(Print name of Notary Public)
Notary Public for State of _____
My Commission Expires: _____

Note: It is recommended that an attorney prepare this document and determine if a title examination is necessary.