|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY, | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| a protected person. | )) | CASE NUMBER      -GC-26-      |
|  | ) | **NOTICE OF ALLOWANCE/DISALLOWANCE**  |
|  | ) | **OF CLAIM** |

|  |  |
| --- | --- |
| TO: Creditor: |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| Original Creditor: |       |
| Address (if different from above): |       |
| Filed Date of Claim: |       |
| Claim Amount: |       |
| Account Number: |       |
| Other Reference Number: |       |

**Allowance of a claim is evidence the conservator accepts the claim as a valid debt of the protected person’s conservatorship estate. Allowance of a claim may not be construed to imply the conservatorship estate will have sufficient assets with which to pay the claim.**

[ ]  The claim is allowed as a valid debt and:

 [ ]  will be paid in full upon authorization by the Court.

 [ ]  will be paid in full from funds outside the conservatorship estate.

 [ ]  will not be paid as there are insufficient funds available to satisfy the debt. Explanation (required):

[ ]  The claim is partially allowed as a valid debt in the amount of $     ; the remaining balance is disallowed.

Explanation (required):

[ ]  The claim is disallowed in full. Explanation (required):

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of $150.00 for allowance of the claim in accordance with S.C. Code Ann. § 62-5-426(A)(3), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Attorney Signature |  |
| Print Name: |       | Print Name: |       |
| Address: |       | Firm Name: |       |
|  |       | Bar Number: |       |
| Preferred Telephone: |       | Address: |       |
| Secondary Telephone: |       |  |       |
| Email: |       | Telephone: |       |
|  |  | Email: |       |
|  |  | Attorney for: |       |