STATE OF SOUTH CAROLINA) IN THE PROBATE COURT						
CC	OUNTY OF: HORRY)))	AFFIDAVIT FOR COLLECTIO						
IN THE MATTER OF: (Decedent))))	PURSUANT TO SMALL CASE NUMBER:	ESTATE PROCEED	ING				
Th	e undersigned states as follows:								
1.	Decedent's Information:								
(ind	Full Legal Name clude all known names): Date of Birth: Date of Death: Age at date of Death:								
2.	□ Decedent was domiciled in this county at date of death: Address: County State: South Carolina. □ Decedent was not domiciled in South Carolina , but probate property of Decedent was located in this county at date of death at: Address: County State: South Carolina								
	If the above address is the address of a r the Decedent prior to entering the facility		ome, prison, or other residential faci	lity, please give the la	ast address of				
3.	More than thirty (30) days have passed since the Decedent's death.								
4.	No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.								
5.	This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:								
	Name of Successor* Year Birth		Address	Relationship to Decedent	Percentage Interest/ Amount				
	See attached sheets for additional su	uccessors	s (check if applicable)						

(*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

		1				
Bank account	\$ Bank Name:			Type of Account:		
Stock	\$	Company Name:		# of shares:		
Unclaimed Property) /D /h 4 A I / E		1	
Motor Vehicle:	\$	VIN: YR/MAKE			DEL:	
Mobile Home:			YR/MAKE			
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE	: MOI	JEL:	
Life Insurance to estate:	\$ \$	Company Name:				
Other Property (specify):	Φ[
LIENS/ENCUMBRANCES	S against above	assets (attach proof of en	cumbrance): \$	<u></u>		
☐ See attached sheet for	or additional ass	sets/ encumbrances (check	if applicable)			
		VERIFICATI	ON			
		That the facts set forth belief; and the undersigne	in the foregoing			
SWORN to before me this	s d	lay of Affiant Signature				
	, 20	Print Name				
		Address	•			
		<u> </u>				
Notary Public for South C		Telephone (Work)				
My Commission Expires:		(Home)	·			
		(Cell)				
	Poloti	E-mail				
	Kelati	onship to Decedent/Estate	·			
		ORDER FOR PAYMENT	OR DELIVERY			
	•	original of which is on file w		ourt of this county, tha	t payment or	
delivery of the property de	scribed nerein s	should be made as follows:				
Name of Succes	sor(s)	Addre	ess	Relationship to Decedent	Percentage Interest/ Amount	
					<u> </u>	
				 -		
Unon issuance of this Ord	er this matter is	hereby closed. IT IS SO C	DRDERED this	day of	, 20	
open leadance of the ord		, nores, elecca. Trice co		<u> </u>	,	
		——————————————————————————————————————	Mon Boyorly Ir	Drobata Judga		
			Allen Beverly, Jr.,	•		
				r., Chief Assoc. Proba	•	
		Ang	gela D. Harrison, <i>A</i>	Assoc. Probate Judge)	

The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Forty-Five

Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent.

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