

STATE OF SOUTH CAROLINA

COUNTY OF: HORRY

IN THE MATTER OF:

(Decedent)

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IN THE PROBATE COURT

**EXEMPT PROPERTY CLAIM**

CASE NUMBER:

Claimant(s):

1. Check One:

- ☐ I am the surviving spouse of the Decedent.  
☐ There is no surviving spouse, and I/we am/are the Decedent's minor or dependent child/children or the guardian(s) or conservator(s) for the Decedent's minor child/children.

2. I/we hereby claim up to Forty-Five Thousand Dollars (\$45,000.00) in value, in excess of security interests therein, in household furniture, automobiles, furnishings, appliances, and personal effects of the Decedent's Estate. If the aggregate value of such chattel assets, in excess of security interests, is less than Forty-Five Thousand Dollars (\$45,000.00), I/we claim other assets of the Decedent's estate to the extent necessary to make up the Forty-Five Thousand Dollars (\$45,000.00) value claimed hereby. This claim has priority over all claims against the Estate except claims described in SCPC 62-3-805(a)(1).

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

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**INSTRUCTIONS:** Claims **must** be filed with the Probate Court of the County where the Estate is being administered and delivered and or mailed to the Personal Representative(s), if any, appointed to administer the Estate within the later of eight (8) months after the date of the Decedent's death or six (6) months after the probate of the Decedent's Will (see SCPC 62-2-402(b)).