

STATE OF SOUTH CAROLINA

)  
)  
)  
)  
)  
)  
)

IN THE PROBATE COURT

COUNTY OF: HORRY

IN THE MATTER OF:

CASE NUMBER

Decedent's Date of Death (if known): \_\_\_\_\_

Decedent's Last Mailing Address: \_\_\_\_\_

**WAIVER OF**  
 **REQUEST/DEMAND FOR**

I. Nature of interest of undersigned:

II. I waive or request/demand the following pertaining to the above estate as indicated.

WAIVE

DEMAND/REQUEST

Hearing/Right to appear  
Other (specify):

If request/demand for hearing/right to appear, please state issues/reasons:

III. My address and/or that of my attorney is listed below.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

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

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

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

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

Attorney: \_\_\_\_\_

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

Telephone (O): \_\_\_\_\_

Email: \_\_\_\_\_