

STATE OF SOUTH CAROLINA

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COUNTY OF: Horry

IN THE PROBATE COURT

IN THE MATTER OF:

**AFFIDAVIT**

**CASE NUMBER**

The undersigned attorney hereby certifies that the forms to be filed by his/her office from time to time in this matter shall be in compliance with statutory mandates and substantially similar in form, substance, and content to the court approved forms.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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

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

**The purpose of this form is to accompany documents generated by a word-processor/computer which are submitted in place of the Court forms.**