

In answering questions #5 - #12 below, answer each question to the best of your knowledge ("unknown" is **not** an acceptable answer).

5. Did decedent have any change of marital status or the birth or adoption of any children after execution of the Will, if one exists, or has any child of the decedent been born since his death, or is any birth of a child of the decedent anticipated? (*This includes illegitimate children.*)
NO YES If yes, please explain on page 3.
6. To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?
NO YES If yes, please explain on page 3.
7. Has a guardian or conservator ever been appointed for this person? (*Officially appointed by a court.*)
NO YES If yes, please explain on page 3.
8. Has a personal representative of the decedent been appointed prior to this date by a Court in this state or elsewhere? (*Officially appointed by a court.*)
NO YES If yes, please state details, including name and address of such Personal Representative, on page 3.)
9. Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere? (*Demand for Notice is SC Probate Form #111PC.*)
NO YES If yes, please state details, including names and addresses, on page 3.
10. Have more than ten years passed since the decedent's death?
NO YES If yes, please state circumstances authorizing tardy probate on page 3.
(*If yes, depending on the circumstances, you may be unable to probate this estate; contact an attorney or the court for assistance.*)
11. The decedent died with a personal estate of about the value of [ESTIMATED value of personal property in the deceased name only; for jointly owned property and title(s) indicating "or" then 1/2 value of property would be reported (bank accounts, stocks/bonds, personal and household effects, etc.)] and real estate of about the value of [ESTIMATED value of real property in deceased name only or if jointly owned with right of survivorship on deed, then 1/2 value of property would be reported (all real property)]. (A full inventory and appraisal, Form #350PC, must be filed within 90 days after appointment.) [*Form #350PC will be given to you by your assigned clerk at the time of your appointment as Personal Representative.*]
12. After the exercise of reasonable diligence, are you aware of any unrevoked will and/or codicil(s), other than the one(s) attached hereto, relating to property in this State?
NO YES If yes, please explain on page 3 and then proceed to Section II.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

NOTE: IF NO WILL AND/OR CODICIL EXISTS, DO NOT COMPLETE THIS SECTION II AND GO DIRECTLY TO SECTION III.

1. Regarding the decedent's will:
 The original is attached (*and will be filed with the court with this form*)
 The original is in the Court's possession (*the original Will has previously been filed with this court*)
 An authenticated copy of a will probated in another jurisdiction is attached * (**Usually only applies to a decedent domiciled in another state at death*)
 An authenticated copy of a will not probated in another jurisdiction is attached * (*domiciled in another state at death*)
 The will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached
(*If the Will is lost, destroyed or otherwise unavailable, a formal proceeding will be required; contact an attorney or court personnel for assistance.*)
2. Do you believe, to the best of your knowledge, the will described above was validly executed?
YES NO If no, please explain on page 3.
3. The date of execution of the will was: Indicate the date the Will was signed
codicil(s): Indicate the date any and all Codicils (amendments to the Will) were signed, if applicable.
4. Are you aware of any instrument or document amending or revoking the will?
NO YES If yes, please explain on page 3.
5. Have you exercised reasonable diligence to determine there is no instrument or document revoking the will?
YES NO If no, please explain on page 3.
6. Do you believe the will defined in "1" above is the decedent's last will?
YES NO If no, please explain on page 3.

(If more space is required, use additional sheet.)

Use this space for additional information. If an additional sheet is necessary, such sheet must be attached and must be 8-1/2 x 11.

III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING:

1. The name(s) and address(es) of the proposed Personal Representative(s) is/are:
Enter name and address of person(s) seeking to be appointed as Personal Representative(s).

Name: Print your name Name: Print name of co-applicant, if applicable

Address: Print your address Address: Print address

Telephone (O): Work telephone number Telephone (O): Work telephone number
(H): Home telephone number (H): Home telephone number

2. Priority for this appointment is:

- named as Primary Personal Representative in will
- named as Alternate Personal Representative in will
- nominee of above Primary Personal Representative in will
- nominee of above Alternate Personal Representative in will
- surviving spouse of decedent who is devisee of decedent or nominee of said spouse
- other devisee of decedent (describe): _____ or nominee of said devisee
- surviving spouse of decedent or nominee of said spouse
- other heir of decedent (describe): _____ or nominee of said heir
- creditor (Forty-five days after death must have passed) or nominee of creditor
- other (describe): _____

CHECK ONLY ONE

3. List below the names of any other persons, if any, having a prior or equal right of appointment (see priority above):

(List all persons who have an equal or a higher priority as you to serve as Personal Representative. If such person is deceased, so indicate. Those persons listed here who are living must either (1) sign a Renunciation of Right to Administration (Form #302PC) or (2) be given twenty (20) days' notice by you of your intention to seek appointment informally [Form #110HCPC].)

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day of _____, 20____.

Notary public signs here; must see you sign

Notary Public for _____

My Commission Expires: notary expiration date

Signature: Signature of person applying or petitioning for appointment as as Personal Representative and/or Probating Will

Name: Print name here

Address: Print your address

Telephone (O): Work telephone number

(H): Home telephone number

E-Mail: E-Mail Address

SWORN to before me this _____ day of _____, 20____.

Notary public signs here; must see you sign

Notary Public for _____

My Commission Expires: notary expiration date

Signature: Signature of other person applying or petitioning for appointment as Co-Personal Representative, and/or Probating Will, if applicable

Name: Print name here

Address: Print your address

Telephone (O): Work telephone number

(H): Home telephone number

E-Mail: E-Mail Address

(Notaries from other states may notarize signature however, notary must complete the sworn statement above and use their seal or stamp.)

ORDER OF INFORMAL PROBATE

THIS SECTION: Do not complete (will be completed by Probate Court if there is a Will).

ORDER FOR HEARING ON FORMAL PETITION

THIS SECTION: Do not complete, (for use by Probate Court, if applicable).

