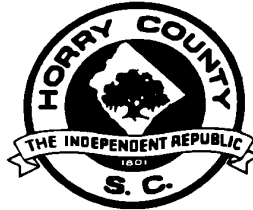


HORRY COUNTY PROBATE COURT
HORRY COUNTY GOVERNMENT AND JUSTICE CENTER
1301 SECOND AVENUE, CONWAY, SOUTH CAROLINA 29526
P. O. BOX 288, CONWAY, SOUTH CAROLINA 29528-0288
PHONE (843) 915-5370 FAX (843) 915-6371
www.horrycounty.org/probatecourt

Kathy G. Ward, Judge of Probate
Carroll D. Padgett, Jr., Chief Associate Judge
Donna H. Lupo, Associate Judge

SATELLITE OFFICE
9630 SCIPIO LANE, SUITE F
MYRTLE BEACH, SC 29588
PHONE: (843) 915-5371
FAX: (843) 205-6373



SATELLITE OFFICE
107 HWY 57 NORTH, BOX 8
LITTLE RIVER, SC 29566
PHONE: (843) 915-5372
FAX: (843) 399-4374

Please accept our condolences for your loss. We understand this is a very difficult and emotional time for you and we are committed to making the probate process as easy for you as possible.

Our role is to help you report information and transfer assets correctly. However, **we cannot give legal advice.**

To begin the process, please complete the **Application for Informal Probate of Will/Appointment** which is attached.

Please follow the checklist below for other **necessary documents.**

Mail or drop off the **completed** documents to our office.

We will review the documents and contact you to schedule the opening appointment.

- 1. Application for Probate of Will/Appointment** – you must fill out this form completely. You can type or handwrite in ink – **Your opening appointment cannot be scheduled until all information is provided.**
- 2. Decedent's original Last Will and Testament and any and all original Codicils and Memorandums.**
- 3. Certified copy of the Decedent's Death Certificate.**
- 4. Probate Court Worksheet** – This will help us determine if there are assets that need to be transferred by the probate process, or if an Affidavit for Collection of Personal Property can be filed, or if the Decedent's Last Will and Testament needs to be probated only.

5. **Copy of the Obituary OR Funeral Program which lists the surviving family members.** A Family Tree may be required to identify pre-deceased heirs and their children.
6. **Copy of the paid funeral bill and/or funeral bill showing the outstanding balance.**
7. **Copy of all Deeds for real property that the Decedent had an interest in.**
8. **Renunciation of Right to Administration and/or Nomination and /or Waiver of Bond, if applicable** - if the primary person named in the Will is not going to serve or if the person with priority in an estate without a will (intestate estate) is not going to serve, then these forms are required to be filed before an appointment can be scheduled.
9. **Waiver of Bond, if applicable** – If the Decedent did not have a Will, bond is required unless the intestate heirs agree to waive this requirement.
10. **Appointment of a Guardian ad Litem (GAL), if applicable** - If there are minor children who receive from an estate, a GAL may be required prior to the appointment of a Personal Representative.
11. **The initial filing fee of \$25.00 will be collected at your scheduled appointment, in addition to a publication fee of the Notice to Creditors (Newspaper fees are listed on website) and the initial filing fee in the amount of \$25.00 made payable to the Horry County Probate Court will be collected at your appointment.**

Please be advised that an opening appointment usually lasts one hour.

For questions please call 843-915-5370.

You will find valuable information on our website:

<http://www.probatecourt.horrycounty.org>

You can download forms from our website:

<http://www.horrycounty.org/Departments/ProbateCourt/Forms.aspx>

Physical Address:

**Horry County Government and Justice Center
Horry County Probate Court
1301 Second Avenue
Conway SC 29526**

Mailing address:

**Horry County Probate Court
P.O. Box 288
Conway SC 29528**

HORRY COUNTY PROBATE COURT WORKSHEET

A. REAL ESTATE (IN STATE AND OUT OF STATE)

LOCATION (Street/City/State)

Owner's Name

Value

CEMETARY PLOT(S) (Owned by Decedent)

Location: _____

B. STOCKS, BONDS (in Decedent's name alone)

Stocks: _____

Bonds: _____

C. CASH, INDIVIDUAL BANK ACCOUNTS*, NOTES OWED TO DECEDENT

*Joint Bank Accounts – See Schedule E.

Cash on hand? yes ___ no ___ If yes, amount: \$ _____

Paycheck? yes ___ no ___ If yes, amount: \$ _____

From: _____ Payable to: _____

Refund checks? yes ___ no ___ If yes, amount: \$ _____

From: _____ Payable to: _____

From: _____ Payable to: _____

Mortgage due Decedent? yes ___ no ___ If yes, amount: \$ _____

From: _____

Inheritance to be received by Decedent: yes ___ no ___ Describe: _____

Bank/Company Name

Amount

Checking account(s): _____

Savings account(s): _____

C. D.(s): _____

Other (list): _____

D. PART 1 – INSURANCE PAYABLE TO THE ESTATE:

Company Name & Policy Number

Face Value

PART 2 – INSURANCE PAYABLE TO BENEFICIARY:

Beneficiary Name

Company Name & Policy No.

Face Value

E. JOINTLY OWNED PROPERTY (With Right of Survivorship)

Exact Names on Account

Bank/Company Name

Amount

Checking

Account(s):

Certificate(s)

Of Deposit:

Stocks:

Bonds:

Real Property:

(Bring copy of Deed, if available)

Other (list – vehicles, etc.):

STATE OF SOUTH CAROLINA)
)
COUNTY OF:)
)
IN THE MATTER OF:)
)
(Decedent))

IN THE PROBATE COURT

CASE NUMBER:

***COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT**

* ,
Petitioner(s)
vs.
* ,
Respondent(s)

APPLICATION FOR INFORMAL

(check any that apply)

- PROBATE OF WILL
 APPOINTMENT

***PETITION FOR FORMAL**

- TESTACY
 APPOINTMENT

If this is a formal filing, please explain on page 3 or attach pleadings pursuant to *SC Rules of Civil Procedure*.

***NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO THIS FORM PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC), AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Applicant/Petitioner(s): _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____
Relationship to Decedent: _____

2. Decedent Information:

Full Legal Name
(including all known names): _____
Date of Birth: _____
Date of Death: _____
Age at Date of Death: _____

3. Venue for this proceeding is proper in this County because:

- Decedent was domiciled in this County at date of death:
Address: _____ County: _____ State: South Carolina.
- Decedent was **not** domiciled in **South Carolina**, but property of Decedent was located in this County at date of death at:
Address: _____ County: _____ State: South Carolina
- Decedent has a right to take legal action in this County because: _____

If the above address is the address of a nursing home, prison, or other residential facility, please give the last address of the Decedent prior to entering a facility: _____

FORM #300ES (04/2017)

62-2-504, 62-3-102, 62-3-203, 62-3-301, 62-3-302, 62-3-303, 62-3-308, 62-3-311, 62-3-401, 62-3-402, 62-3-404, 62-3-409, 62-3-414, 62-3-601, 62-3-602, 62-3-704, 62-3-804, 44-23-1090, 44-23-1120

4(a). Names and addresses of beneficiaries (devisees) named in the Will.

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See attached for additional devisees (check if applicable).

4(b). Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will).

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See attached for additional intestate heirs (check if applicable).

4(c). Did all of the above persons survive one hundred and twenty (120) hours since the death of Decedent?

YES NO If no, please explain on page 3.

5. Did Decedent have any change of marital status or the birth or adoption of any children after execution of this Will, if one exists, or has any child of the Decedent been born since his/her 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 non-private State of 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 by a Court for this person?

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?

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 (FORM #111ES) of any probate or appointment proceeding concerning the Decedent that may have been filed in this state or elsewhere?

NO YES If yes, please state details, including names and addresses on page 3.

10. Have more than ten (10) years passed since the Decedent's death?

NO YES If yes, please state circumstances authorizing tardy probate on page 3.

11(a). Did the Decedent own probate real estate?

NO YES If yes, an approximate value of \$_____ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(b). Did the Decedent own probate personal property?

NO YES If yes, an approximate value of \$_____ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

12. After the exercise of reasonable diligence, are you aware of any unrevoked Will and/or Codicil(s)?

YES If yes, then proceed to Section II.
 NO If no, then proceed to Section III.

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

1. Regarding the Decedent's Will:

- The original is attached.
- The original is in the Court's possession.
- An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.
- An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.
- The original of the Will is lost, destroyed, or otherwise unavailable, however, a description of its contents is attached. (for formal proceeding, explain below or attach supplemental pleadings)

2. The execution date of the Will was: _____
Codicil(s): _____

3. Is there a memorandum that disposes of tangible personal property pursuant to 62-2-512?

NO YES If yes, attach hereto.

4. To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?

YES NO If no, please explain on page 3.

5. To the best of your knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a witness, a witness's spouse, or a witness's issue)?

NO YES If yes, please explain on page 3.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.
(If more space is required, use additional sheets.)

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

1. If the Applicant/Petitioner is not the proposed Personal Representative(s), list name and address of the person you are proposing be appointed as the fiduciary:

2. Priority for appointment of the proposed Personal Representative (whether applicant or nominee) is:

- named as Primary Personal Representative in Will
- named as Alternate Personal Representative in Will
- nominee of Primary Personal Representative in Will
- nominee of 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 (45) days after death must have passed) or nominee of creditor; written statement of claim, FORM 371ES, is attached
- other (describe): _____

3. List below the name(s) of any other person(s), if any, having an equal or higher priority of appointment than the proposed Personal Representative:

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 _____

Signature of
Applicant/Petitioner: _____

Notary Public for South Carolina
My Commission Expires: _____

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

Signature of Co-
Applicant/Co-Petitioner: _____

Notary Public for South Carolina
My Commission Expires: _____

ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a Will executed _____ and

Codicil executed _____ and

Memorandum

be informally GRANTED DENIED.

Executed this _____ day of _____, 2_____.

Hon. Kathy G. Ward, Probate Court Judge

For formal probate of Will, see separate order executed _____.

ORDER OF INFORMAL APPOINTMENT

IT IS HEREBY ORDERED that the above Application for Appointment be granted upon the filing of an appropriate bond, if applicable, and upon the signing of the Qualification and Statement of Acceptance of appointment.

Bond

Fiduciary Bond in the amount of \$_____

Bond not required for Personal Representative nominated by Will

Bond not required as Personal Representative is sole heir or sole devisee

Bond not required as Personal Representative is state agency, bank, or trust company

Bond waivers filed

See order dated _____

Other: _____

Notice to Creditors

Required

Not Required

Executed this _____ day of _____, 2_____.

Hon. Kathy G. Ward, Probate Court Judge

For formal appointment of Personal Representative, see separate order executed _____.

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

*Attorney: _____

Address: _____

Telephone: _____

Email: _____

***By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.**