

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____) IN THE PROBATE COURT
)
 IN THE MATTER OF: _____)
) CASE NUMBER: _____

Decedent's Date of Death (if known): _____
 Decedent's Last Mailing Address: _____

- WAIVER OF NOTICE
- REQUEST FOR NOTICE
- DEMAND FOR NOTICE

I. Nature of interest of undersigned:

II. I waive or demand/request the following items pertaining to the above estate as indicated.
 I understand that by waiving the following items, I will not receive any copies or notices related to the items waived.

Waive	Demand/Request	
<input type="checkbox"/>	<input type="checkbox"/>	Application for informal probate or appointment
<input type="checkbox"/>	<input type="checkbox"/>	Information to Heirs and Devisees
<input type="checkbox"/>	<input type="checkbox"/>	Petition for formal probate or appointment
<input type="checkbox"/>	<input type="checkbox"/>	Proof of notice to creditors
<input type="checkbox"/>	<input type="checkbox"/>	Inventory and Appraisement
<input type="checkbox"/>	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	<input type="checkbox"/>	Notice of right to Demand Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Any petition and corresponding order
<input type="checkbox"/>	<input type="checkbox"/>	Proposal for Distribution
<input type="checkbox"/>	<input type="checkbox"/>	Petition for Settlement
<input type="checkbox"/>	<input type="checkbox"/>	Any hearings or Right to Appear
<input type="checkbox"/>	<input type="checkbox"/>	Petition for appointment of guardian/conservator
<input type="checkbox"/>	<input type="checkbox"/>	Protective Proceedings
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

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

Executed this _____ day of _____, 20_____.

Signature: _____
 Name: _____
 Address: _____

Telephone (O): _____
 (H): _____

Attorney: _____
 Address: _____

E-mail: _____
 Telephone (O): _____