

STATE OF SOUTH CAROLINA

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IN THE PROBATE COURT

COUNTY OF: _____

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/Rights 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 _____, 20_____.

Signature: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____

Attorney: _____

Address: _____

Telephone: _____