

STATE OF SOUTH CAROLINA

)
)
)
)
)
)

IN THE PROBATE COURT

COUNTY OF: _____

AFFIDAVIT

IN THE MATTER OF: _____

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 _____, 20 _____

Signature: _____

Name: _____

Address: _____

Notary Public for South Carolina
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 in this package.