

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
INTHE MATTER OF: _____)
)

IN THE PROBATE COURT
FILING OF A WILL FOR RECORD
CASE NUMBER: _____

Applicant/Petitioner: _____
Address: _____
Telephone: _____

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Nature of interest of undersigned:

2. Decedent information:
Name: _____
Social Security Number: _____
Date of Birth: _____
Date of Death: _____
Age at date of death: _____
Domicile at date of death: _____ (county) _____ (state)

3. Venue for this proceeding is proper in this county because:
 Decedent was domiciled in this county at date of death.
 Decedent was not domiciled in South Carolina, but property of Decedent was located in this county at date of death.
 Decedent has a right to take legal action in this county because:

4a. Names and addresses of devisees, including dates of birth of minors:

Name	Date of Birth	Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

4b. Names and addresses of intestate heirs who are not devisees, including date of births of minors:

Name	Date of Birth	Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

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 my 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?
 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 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 name 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.

11. The decedent died with a personal estate of about the value of \$ _____ and real estate of about the value of \$ _____ .

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. PLEASE COMPLETE THIS SECTION REGARDING THE WILL.

1. Regarding the decedent's will:
 - the original is attached
 - the original is in the Court's possession
 - an authenticated copy of a will probated in another jurisdiction is attached
 - an authenticated copy of a will not probated in another jurisdiction is attached
 - the will is lost, destroyed, or otherwise unavailable; however, a description of its contents is attached

2. Do you believe, to the best of your knowledge, the will described above was validly executed?
 Yes No If no, please explain below.

3. The date of execution of the will was: _____
 codicil(s): _____ .

III. PLEASE COMPLETE VERIFICATION.

Pursuant to Section 62-2-901, S.C. Code of Laws, 1976, as amended, the undersigned delivers the Will of the above referenced decedent and hereby requests that the will be filed as unprobated will.

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 for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____