

STATE OF SOUTH CAROLINA

COUNTY OF: _____

IN THE MATTER OF: _____

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)
)
)
)
)

IN THE PROBATE COURT

NOTICE OF DISALLOWANCE OF CLAIM

CASE NUMBER: _____

TO:

Name: _____

Address: _____

The undersigned, as the Personal Representative(s)/Conservator(s) appointed to administer this estate, disallows \$_____ of your claim for \$_____ presented on _____.

Your claim was disallowed for the following reason(s):

Failure to protest this disallowance of your claim, (that is, failing to file your petition for its allowance (form #373PC) in the Probate Court and failing to commence a proceeding on the claim within thirty days after the mailing of this Notice of Disallowance of Claim), shall result in your claim or the disallowed portion of your claim being forever barred.

Executed this _____ day of _____, 20_____.

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____