

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF: _____)
)

IN THE PROBATE COURT
WAIVER OF DEFENSE OF LIMITATIONS
CASE NUMBER: _____

Personal Representative: _____

1. The above estate is not insolvent.
2. I hereby waive any defense of limitations available to the estate regarding the following claim(s):

3. I have obtained the written consent of all successors whose interests would be affected as listed below and copies of which are attached.

Name of Affected Beneficiary	Signature
_____	_____
_____	_____
_____	_____
_____	_____

Executed this _____ day of _____, 20_____.

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____