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

IN THE PROBATE COURT

PROPOSAL FOR DISTRIBUTION

CASE NUMBER: _____

Name and Address of Distributee(s)	Amount and/or Item(s)

Executed this _____ day of _____, 20_____.

Co-Personal Representative Signature: _____
Print Name: _____
Address: _____
_____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Personal Representative Signature: _____
Print Name: _____
Address: _____
_____
Telephone (Work): _____
(Home): _____
(Cell) _____
Email: _____