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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF: | ) |  |
|  | ) | **NOTICE TO CREDITORS** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: |
| (Decedent) | ) |  |

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| **\*NOTICE TO CREDITORS OF ESTATES** | | |
| All persons having claims against the following estates **MUST** file their claims on FORM #371ES with the Probate Court of      County, the address of which is      , within eight (8) months after the date of the first publication of this Notice to Creditors or within one (1) year from date of death, whichever is earlier (SCPC 62-3-801, *et seq*.), or such persons shall be forever barred as to their claims. All claims are required to be presented in written statements on the prescribed form (FORM #371ES) indicating the name and address of the claimant, the basis of the claim, the amount claimed, the date when the claim will become due, the nature of any uncertainty as to the claim, and a description of any security as to the claim. | | |

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| --- | --- | --- | --- | --- |
| Estate: | |  | | |
| Date of Death: | |  | | |
| Case Number: | | |  | |
| Personal Representative: | | |  | |
| Address: |  | | | |
| Attorney, if applicable: | | |  | |
| Address: |  | | |  |
| Co - Personal Representative: | | |  | |
| Address: |  | | | |
| Attorney, if applicable: | | |  | |
| Address: |  | | | \* |
|  | | | | |

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| **INSTRUCTIONS:**  Publication to be in      , a newspaper of general circulation in      County. Publish only this **(\*)** portion of this form. Notices may be combined by listing individualized statements of the information concerning each of the estates under one heading consisting of the notice text. Publish once a week for three successive weeks. |

File a copy of this form with proof of its publication with the Probate Court.

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**CERTIFICATE OF PUBLICATION**

I hereby certify that on these dates      ,      , and      , I did publish the Notice to Creditors in      , a newspaper of general circulation in       County, South Carolina, in accordance with law.

Newspaper

Representative

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | |  | | day of | | Signature: |  |
|  | , | 20 |  |  | Print Name: |  |
|  | |  | | |  | Address: |  |
|  | | | |  |  |  |
| Notary Public for South Carolina | | | |  |  | Telephone: |  |
| My Commission Expires: | |  | | |  | Email: |  |
|  | | | | | |  |  |