|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | CASE NUMBER: |
|  | ) |  |
| (Decedent) | ) |  |

Petitioner(s)

vs. **\*PETITION TO DENY OR LIMIT INHERITANCE**

      Respondent(s)

The undersigned alleges:

1. Decedent died intestate on      .

2. The Decedent’s

Mother (name):

Father (name):

failed to reasonably provide support for Decedent as defined in South Carolina Code of Laws, as amended, Section 63-5-20, and did not otherwise provide for the needs of the Decedent during his/her minority and is not entitled to:

His/her full intestate share

His/her partial inheritance in the amount of       (fraction/percentage).

|  |
| --- |
| Executed this       day of      , 20     . |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Address: |  |
|  |  |
| Telephone (Work): |  |
| (Home): |  |
| (Cell): |  |
| Email: |  |
| Relationship to Decedent/Estate: |  |
|  |  |
| Attorney: |  |
| Address: |  |
|  |  |
| Telephone: |  |
| Email: |  |

**\*NOTE: THIS IS A FORMAL ACTION. IN ADDITION TO A PETITION, YOU MUST ALSO FILE**

**A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF $150.00.**

**A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**