



To begin the process, please complete the **Application for Informal Probate of Will/Appointment** which is attached.

Please follow the checklist below for other **necessary documents**.

1. **Application for Probate of Will/Appointment** – you must fill out this form completely. You can type or handwrite in ink.
2. **Decedent's original Last Will and Testament and any and all original Codicils and Memorandums.**
3. **Certified copy of the Decedent's Death Certificate.**
4. **Probate Court Worksheet** – This will help us determine if there are assets that need to transfer under the probate process, if the assets are under \$25,000.00 and a Small Estate Affidavit can be filed, or if the Decedent's Last Will and Testament needs to be probated only.
5. **Copy of the Obituary OR Funeral Program which lists the surviving family members.**
6. **Copy of the paid funeral bill and/or funeral bill showing the outstanding balance.**
7. **Copy of all Deeds for real property that the Decedent had an interest in.**
8. **Renunciation of Right to Administration and/or Nomination and /or Waiver of Bond, if applicable** - if the primary person named in the Will is not going to serve or if the person with priority in an estate without a will (intestate estate) is not going to serve, then these forms are required to be filed before an appointment can be scheduled (REQUIRES NOTARY PUBLIC)
9. **Waiver of Bond, if applicable** – If the Decedent did not have a Will, bond is required unless the intestate heirs agree to waive this requirement.
10. **Appointment of a Guardian ad Litem (GAL), if applicable** - If there are minor children who receive from an estate, a GAL may be required prior to the appointment of a Personal Representative. If the minor is 14 or over, they must consent to the appointment.
11. **A publication fee in the amount of \$81.00 made payable to the Chester News and Reporter and the initial filing fee in the amount of \$45.00 made payable to the Chester County Probate Court should be mailed with your packet.**

Chester County Probate Court, Post Office Drawer 580, Chester, SC 29706
803-385-2604

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

IN THE PROBATE COURT

**RENUNCIATION OF RIGHT TO ADMINISTRATION
AND/OR NOMINATION AND/OR WAIVER OF BOND**

CASE NUMBER: _____

By renouncing my right to serve as Personal Representative, I am informing the Court that I do not want to be the Personal Representative to administer the estate. **I am not giving up any interest in the estate or inheritance rights by signing this document.**

The undersigned hereby (check all that apply):

☐ renounces his/her right to serve as Personal Representative of the above-captioned estate.

☐ renounces his/her right to serve as Personal Representative of the above-captioned estate so long as the following nominee serves as Personal Representative:

Name: _____
Address: _____

☐ agrees to waive bond for the person(s) nominated above.

I understand this is effective only to the extent the law allows for nomination and waiver of bond.

Executed this _____ day of _____, 20____.

SWORN to before me this _____ day of _____, 20____

Notary Public for South Carolina
My commission expires:

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Relationship to Decedent/Estate: _____

CHESTER COUNTY PROBATE COURT WORKSHEET

A. REAL ESTATE (IN STATE AND OUT OF STATE)

LOCATION (Street/City/State)

Owner's Name

Value

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CEMETARY PLOT(S) (Owned by Decedent)

Location: _____

B. STOCKS, BONDS (in Decedent's name alone)

Stocks: _____

Bonds: _____

C. CASH, INDIVIDUAL BANK ACCOUNTS*, NOTES OWED TO DECEDENT

*Joint Bank Accounts – See Schedule E.

Cash on hand? yes ___ no ___ If yes, amount: \$ _____

Paycheck? yes ___ no ___ If yes, amount: \$ _____

From: _____ Payable to: _____

Refund checks? yes ___ no ___ If yes, amount: \$ _____

From: _____ Payable to: _____

From: _____ Payable to: _____

Mortgage due Decedent? yes ___ no ___ If yes, amount: \$ _____

From: _____

Inheritance to be received by Decedent: yes ___ no ___ Describe: _____

	Bank/Company Name	Amount
Checking account(s):	_____	_____
	_____	_____
Savings account(s):	_____	_____
	_____	_____
C. D.(s):	_____	_____
	_____	_____

Other (list): _____

D. PART 1 – INSURANCE PAYABLE TO THE ESTATE:

Company Name & Policy Number

Face Value

PART 2 – INSURANCE PAYABLE TO BENEFICIARY:

Beneficiary Name

Company Name & Policy No.

Face Value

E. JOINTLY OWNED PROPERTY (With Right of Survivorship)

Exact Names on Account

Bank/Company Name

Amount

Checking
Account(s): _____

Certificate(s)
Of Deposit: _____

Stocks: _____

Bonds: _____

Real Property: _____

(Bring copy of Deed)

Other (list – vehicles, etc.): _____

MISCELLANEOUS

Household Goods & Furnishings: _____

	Exact name on Title	Year/Model	Value
Vehicles (auto, etc.):	_____		

Boat, motors, and Trailers:	_____		

Mobile Homes:	_____		

Farm Equipment:	_____		

	Description	Approximate Value	
Business owned:	_____		
Jewelry (of value):	_____		
Collectibles:	_____		
Other (list):	_____		

TRANSFERS DURING DECEDENT'S LIFE

Beneficiary	Value
Trust: _____	
Life Estate: _____	
Savings Bonds (POD): _____	
Other (list): _____	

POWERS OF APPOINTMENT

DID DECEDENT hold a Power of Appointment given by another? _____
If yes, bring a copy of the document creating the Power.

Did DECEDENT hold any of the following titles at time of death?

	If yes, for whom?
Guardian: yes ____ no ____	_____
Custodian: yes ____ no ____	_____
Committee/Conservator: yes ____ no ____	_____
Trustee: yes ____ no ____	_____
Estate Representative: yes ____ no ____	_____
Other (specify):	_____

ANNUITIES

Beneficiary Name	Company Name	Value
IRA: _____		
Pension: _____		
401K: _____		
Keogh: _____		
Other (list): _____		

ENCUMBRANCES (Mortgages, Liens, Judgments, etc.)

(House, Land, Automobile, etc.)

Company Name	Description	Amount
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OUTSTANDING DEBTS/BILLS OWED BY THE DECEDENT
(Funeral, Hospital, EMS, Doctors, Credit Cards, etc.)

Name of Creditor

Amount Owed

STATE OF SOUTH CAROLINA

COUNTY OF:

IN THE MATTER OF:

(Decedent)

)
)
)
)
)
)

IN THE PROBATE COURT

CASE NUMBER:

***COMPLETE THIS SECTION ONLY IF FILING PETITION
FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT**

* ,
Petitioner(s)

vs.

* ,
Respondent(s)

APPLICATION FOR INFORMAL

(check any that apply)

☐ PROBATE OF WILL

☐ APPOINTMENT

***PETITION FOR FORMAL**

☐ TESTACY

☐ APPOINTMENT

If this is a formal filing, please explain on page 4 or attach pleadings pursuant to *SC Rules of Civil Procedure*.

***NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO THIS FORM 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.**

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Applicant/Petitioner(s): _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____
Relationship to Decedent: _____

2. Decedent Information:

Full Legal Name
(including all known names): _____
Date of Birth: _____
Date of Death: _____
Age at Date of Death: _____

3. Venue for this proceeding is proper in this County because:

- ☐ Decedent was domiciled in this County at date of death:
Address: _____ County: «CountyName» State: South Carolina.
- ☐ Decedent was **not** domiciled in **South Carolina**, but property of Decedent was located in this County at date of death at:
Address: _____ County: «CountyName» State: South Carolina
- ☐ Decedent has a right to take legal action in this County because:

If the above address is the address of a nursing home, prison, or other residential facility, please give the last address of the Decedent prior to entering a facility:

4(a). Names and addresses of beneficiaries (devisees) named in the Will.

Full Legal Name (including all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ See attached for additional devisees (check if applicable).

4(b). Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will).

Full Legal Name (including all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ See attached for additional intestate heirs (check if applicable).

4(c). Did all of the above persons survive one hundred and twenty (120) hours since the death of Decedent?

☐ YES ☐ NO If no, please explain on page 4.

5. Did Decedent have any change of marital status or the birth or adoption of any children after execution of this Will, if one exists, or has any child of the Decedent been born since his/her death, or is any birth of a child of the Decedent anticipated? (This includes illegitimate children.)

☐ NO ☐ YES If yes, please explain, on page 4.

6. To the best of your knowledge, was the Decedent a patient in a non-private State of South Carolina mental health facility during his/her lifetime?

☐ NO ☐ YES If yes, please explain, on page 4.

7. Has a Guardian or Conservator ever been appointed by a Court for this person?

☐ NO ☐ YES If yes, please explain on page 4.

8. Has a Personal Representative of the Decedent been appointed prior to this date by a Court in this state or elsewhere?

☐ NO ☐ YES If yes, please state details, including name and address of such Personal Representative on page 4.

9. Have you received or are you aware of any Demands for Notice (FORM #111ES D) of any probate or appointment proceeding concerning the Decedent that may have been filed in this state or elsewhere?

☐ NO ☐ YES If yes, please state details, including names and addresses on page 4.

10. Have more than ten (10) years passed since the Decedent's death?

☐ NO ☐ YES If yes, please state circumstances authorizing tardy probate on page 4.

11(a). Did the Decedent own probate real estate?

☐ NO ☐ YES If yes, an approximate value of \$_____ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(b). Did the Decedent own probate personal property?

☐ NO ☐ YES If yes, an approximate value of \$_____ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(c). Are you seeking appointment as Personal Representative in order to pursue civil litigation on behalf of the Decedent's estate? Is there a civil litigation attorney?

☐ NO ☐ YES If yes, please provide the name of the civil litigation attorney: _____

11(d). At the time of Decedent's death, was he or she involved in any pending civil litigation? Is there a civil litigation attorney?

☐ NO ☐ YES If yes, please state the circumstances and name of attorney on page 4.

11(e). If you answered NO to questions 11(a) - 11(d) above, but are seeking the appointment of a Personal Representative, please explain why the appointment is requested on page 4.

12. Have you made a diligent search for a Will of the Decedent?

☐ YES
☐ NO If no, please explain on page 4.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

1. Regarding the Decedent's Will:

- ☐ The original is attached.
- ☐ The original is in the Court's possession.
- ☐ An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.
- ☐ An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.
- ☐ The original of the Will is lost, destroyed, or otherwise unavailable, however, a copy or a description of its contents is attached. (for formal proceeding, explain below or attach supplemental pleadings)

2. The execution date of the Will was: _____
Codicil(s): _____

3. Is there a memorandum that disposes of tangible personal property pursuant to 62-2-512?

☐ NO ☐ YES If yes, attach hereto.

4. To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?

☐ YES ☐ NO If no, please explain on page 4.

5. To the best of your knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a witness, a witness's spouse, or a witness's issue)?

☐ NO ☐ YES If yes, please explain on page 4.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.

(If more space is required, use additional sheets.)

III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.

1. If the Applicant/Petitioner is not the proposed Personal Representative(s), list name and address of the person you are proposing be appointed as the fiduciary:

2. Priority for appointment of the proposed Personal Representative (whether applicant or nominee) is:

- ☐ named as Primary Personal Representative in Will
☐ named as Alternate Personal Representative in Will
☐ nominee of Primary Personal Representative in Will
☐ nominee of Alternate Personal Representative in Will
☐ surviving spouse of Decedent who is devisee of Decedent or nominee of said spouse
☐ other devisee of Decedent (describe): _____ or nominee of said devisee
☐ surviving spouse of Decedent or nominee of said spouse
☐ other heir of Decedent (describe): _____ or nominee of said heir
☐ creditor (forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, FORM 371ES, is attached
☐ other (describe): _____

3. List below the name(s) of any other person(s), if any, having an equal or higher priority of appointment than the proposed Personal Representative:

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day
of _____, 20_____

Signature of
Applicant/Petitioner: _____

Notary Public for South Carolina
My Commission Expires: _____

SWORN to before me this _____ day
of _____. 20_____

Signature of Co-
Applicant/Co-Petitioner: _____

Notary Public for South Carolina
My Commission Expires: _____

ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a Will executed _____ and

☐ Codicil executed _____ and

☐ Memorandum

be informally ☐ GRANTED ☐ DENIED.

Executed this _____ day of _____, 20____.

«ProbateJudgeName», Probate Court Judge

☐ For formal probate of Will, see separate order executed _____.

ORDER OF INFORMAL APPOINTMENT

IT IS HEREBY ORDERED that the above Application for Appointment be granted upon the filing of an appropriate bond, if applicable, and upon the signing of the Qualification and Statement of Acceptance of appointment.

Bond

☐ Fiduciary Bond in the amount of \$_____

☐ Bond not required for Personal Representative nominated by Will

☐ Bond not required as Personal Representative is sole heir or sole devisee

☐ Bond not required as Personal Representative is state agency, bank, or trust company

☐ Bond waivers filed

☐ See order dated _____

☐ Other: _____

Notice to Creditors

☐ Required

☐ Not Required

Executed this _____ day of _____, 20____.

«ProbateJudgeName», Probate Court Judge

☐ For formal appointment of Personal Representative, see separate order executed _____.

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

*Attorney: _____

Address: _____

Telephone: _____

Email: _____

***By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.**