

## SMALL ESTATE PROCEEDING

The Small Estate Proceeding allows for the transfer of the Decedent's personal property with a value less than \$45,000.00. This cannot be used if the Decedent owns any interest in real property. The Affidavit for Collection of Personal Property Pursuant to Small Estate Proceeding cannot be filed until 30 days after the Decedent's date of death. If the Decedent has a Will, you must file the original with the Court along with the Application for Probate (form 300ES).

Mail the following items to the Chester County Probate Court:

- o Original Will with Application for Probate (form 300ES Filing Fee of \$10.00);
- o Completed, signed, and **notarized** Affidavit for Collection of Personal Property (Form 420PC);
- o Picture ID of the Small Estate Affiant:
- Proof of assets in the Decedent's name copies of bank statements, refund checks, vehicle titles, letter from unclaimed funds;
- Appropriate filing fees (payment by check or money order only, please have the check or money order payable to the Chester County Probate Court see schedule below;
- o Certified copy of the Death Certificate;
- o Funeral Home Program or Copy of the Newspaper Obituary
- o Itemized Funeral Bill or Statement and proof of payment; and,
- o Affidavit of Reimbursement for Funeral Bill (REQUIRES NOTARY PUBLIC).

Complete mailing addresses are needed for all persons listed on the Affidavit.

	<u>Value of Estate Property</u>	<u>Probate Fees</u>
	\$100.00 - \$4,999.99	\$25.00
	\$5,000.00 - \$19,999.99	\$45.00
$\triangleright$	\$20,000.00 - \$45,000.00	\$67.50

<sup>\*</sup>Please note that if you are filing the Small Estate and you did not pay the funeral expenses for the Decedent, you must have the person who paid the bill complete the Affidavit for Reimbursement\* See attached.

STATE OF SOUTH CAROLINA )	TE OF SOUTH CAROLINA ) IN THE PROBATE COURT		
COUNTY OF CHESTER )			
IN THE MATTER OF THE ESTATE OF Decedent.	) AFFIDAVIT AS TO REIMBURSEMENT FOR PAYMENT OF FUNERAL BILL )		
I,	, paid for the funeral of the decedent in the amount of \$		
Choose One:			
I want to be reimbursed in statement showing proof th	the amount of \$ I am attaching my paid receipt or the funeral at I paid for the funeral.		
I do not want to be reimbur	sed.		
	Sign Name		
	Print Name		
	Date		
SWORN to before me this,,			
Notary Public for South Carolina My Commission expires:			

STATE OF SOUTH CAROLINA  COUNTY OF: CHESTER  IN THE MATTER OF:		)	)				
		)	) IN THE PROBATE COURT )				
		- , ) ) )	) AFFIDAVIT FOR COLLECTION ) PURSUANT TO SMALL I ) ) CASE NUMBER:		ESTATE PROCEEDING		
(D	ecedent)						
Th	e undersigned states as follows	S:					
1.	Decedent's Information:						
	Date of B Date of De	es): irth: ath:					
2.	Address: County State: Decedent was <b>not</b> domic at date of death at: Address: County	South Ca siled in <b>So</b> State: S ddress of	arolina.  outh Carolin  outh Carolina  i a nursing ho	a, but property of Decedent was a. ome, prison, or other residential fa		·	
3.	More than thirty (30) days have	/e passed	d since the De	ecedent's death.			
4.	No Application or Petition fo jurisdiction.	r the app	pointment of	a Personal Representative is pe	nding or has beei	n granted in any	
5.	This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:						
	Name of Successor(s)	Year of Birth		Address	Relationship	Percentage Interest/ Amount	

(\*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

Bank Name: Type of Account: Stock \$ Company Name: # of shares: Unclaimed Property   From: Motor Vehicle: \$ VIN: YR/MAKE: MODEL: Motor Vehicle : \$ VIN: YR/MAKE: MODEL: Boat/Motor/Trailer: \$ VIN: YR/MAKE: MODEL: Boat/Motor/Trailer: \$ VIN: YR/MAKE: MODEL: Unter Insurance to estate: \$ Company Name:  Uther Property (specify): \$ UIN: YR/MAKE: MODEL: LIEINS/ENCUMBRANCES against above assets: \$ LIEINS/ENCUMBRANCES against	Thousand Dollars (\$25,000	.00) and does not	include any interest in real prop	perty as indicated belo	OW:	
Stock   S   Company Name:   # of shares:	Bank account	\$	Bank Name	Type of	Type of Account:	
Unclaimed Property Motor Vehicle:  Motor Vehicle:  Vin: Vin: Vin: Vin: Vin: Vin: Vin: Vi						
Mobile Home: \$ VIN: YR/MAKE: MODEL: Mobile Home: \$ VIN: YR/MAKE: MODEL: Boat/Motor/Trailer: \$ VIN: YR/MAKE: MODEL: Life Insurance to estate: \$ Company Name: Other Property (specify): \$ LIENS/ENCUMBRANCES against above assets: \$  See attached sheet for additional assets/ encumbrances (check if applicable)  VERIFICATION  The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the Court's jurisdiction in this matter.  SWORN to before me this day of Signature: Print Name: Address:  Notary Public for South Carolina Telephone (work) My Commission Expires: (Cell): Email: Relationship to Decedent/Estate:  ORDER FOR PAYMENT OR DELIVERY  It appears from the foregoing affidavit, the original of which is on file with the Probate Court of this county, that payment or delivery of the property described herein should be made as follows:  IT IS ORDERED THAT  Upon issuance of this Order, this matter is hereby closed. IT IS SO ORDERED this day of, 2020.						
Mobile Home:   \$   VIN:   VR/MAKE:   MODEL:		· · ·		YR/MAKE:	MODEL:	
Boat/Motor/Trailer: \$   VIN: YRMAKE: MODEL: Life insurance to estate: \$   Company Name: Other Property (specify): \$    LIENS/ENCUMBRANCES against above assets: \$  See attached sheet for additional assets/ encumbrances (check if applicable)  VERIFICATION  The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and bellef, and the undersigned hereby submits to the Court's jurisdiction in this matter.  SWORN to before me this day of Signature: Print Name: Address: Address: Address: Signature: Print Name: Address: Address: Signature: Print Name: Address: Signature:						
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TERRI B. ZION, Probate Court Judge	_	-	_			
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6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five

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Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent.