

STATE OF SOUTH CAROLINA

COUNTY OF: Charleston

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

CASE NUMBER: 2014 ES10 0821

**\*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): Harriet Frances Joseph  
Address: 189 Tracy Street Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-1666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com  
Relationship to Decedent: wife

**2. Decedent Information:**

Full Legal Name  
(including all known names): Lawrence Michael Joseph  
Date of Birth: 4-1-1940  
Date of Death: 4-1-14  
Age at Date of Death: 74

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

- ☒ Decedent was domiciled in this County at date of death:  
Address: 189 Tracy Street County: Charleston 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: \_\_\_\_\_ 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
Lawrence Michael Joseph Jr.	1965	100 Arctic Avenue, Folly Beach SC 29465	LMJ@aol.com	Son
Joanne Kay Joseph	1968	65 Sheldon Rd Naples FL 33333	MAJ@aol.com	daughter
Raymond Al Joseph	1971	10 Savage Street Chas SC 29401	RAJ@aol.com	Son
Harriet Frances Joseph	1940	189 Tracy St. Chas SC 29401	HFJ@aol.com	wife

☐ 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 \$ 75,000 (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 \$ 177,000 (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: 3-21-14  
Codicil(s): nila

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 15<sup>th</sup> day  
of April, 2014

Signature of  
Applicant/Petitioner: Harriet Frances Joseph

Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

SWORN to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

Signature of Co-  
Applicant/Co-Petitioner: \_\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

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**ORDER OF INFORMAL PROBATE**

IT IS HEREBY ORDERED that the above application for probate of a Will executed 3-21-15 and

- ☐ Codicil executed \_\_\_\_\_ and  
☐ Memorandum

be informally ☐ GRANTED ☐ DENIED.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_, Probate Court Judge

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

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**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 \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_, Probate Court Judge

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

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### 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: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

\*Attorney: Andy Attorney  
Address: 123 Main Street  
Charleston SC 29401  
Telephone: (843) 555-0125  
Email: attorney@aol.com

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

IN THE PROBATE COURT

**ADDITIONAL DEVISEES/HEIRS/SUCCESSORS**

CASE NUMBER: 2014 ES 10 0321

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent	If Additional Successors, list Percentage
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[illegible]

LAST WILL AND TESTAMENT  
OF

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**Introductory Clause.** I, \_\_\_\_\_, a resident of and domiciled in the County of Charleston, State of South Carolina, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils at any time heretofore made by me.

I am married to \_\_\_\_\_. I have one child at this time, \_\_\_\_\_.

**ITEM I**

**Direction to Pay Debts with Discretionary Refinancing by Personal Representative.** I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death. I direct that my Personal representative may cause any debt to be carried, renewed, and refinanced from time to time upon such terms and with such securities for its repayment as my Personal Representative may deem advisable taking into consideration the best interest of the beneficiaries hereunder. If at the time of my death any of the real property here devised is subject to any mortgage, I direct that the devisee taking such mortgaged property shall take it subject to such mortgage and that the devisee shall not be entitled to have the obligation secured thereby paid out of my general estate.

**ITEM II**

I direct that:

(1) **Direction to Pay All Taxes from Residuary Estate.** Except as provided in (2) herein, all estate, inheritance, succession, death, or similar taxes (except generation-skipping transfer taxes) assessed with respect to my estate herein disposed of, or any part thereof, or on any bequest or devise contained in this my Last Will (which term wherever used herein shall include any Codicil hereto), be paid out of my residuary estate and shall not be charged to or against any recipient, beneficiary, transferee, or owner of any such property or interests in property included in my estate for such tax purposes.

(2) **Apportion Taxes on Nonprobate Property.** All such taxes in respect to any property or interests in property included in my gross estate under Sections 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, and 2044 of the Internal Revenue Code (I.R.C) shall be charged against and paid by the recipient or beneficiary of such property or interest in property or from the property or interest in the property, provided, however: (a) there shall be no apportionment against any donor or residuary of any such property or interest in



property which is a qualified charity under Section 2055 and the property or interest in property was allowed in my federal estate tax proceedings as a charitable deduction; (b) there shall be no apportionment against my surviving wife, if she is a donee or recipient of any such property or interest in property and the property or interest in property was allowed in my federal estate tax proceedings as a marital deduction under I.R.C. Section 2056. The amount of the tax to be charged against such donee or recipient shall be determined by multiplying a fraction (the numerator of which shall be the federal estate tax value of the property to be apportioned as finally determined in my federal estate tax proceedings and the denominator of which shall be the total value of my taxable estate for such federal estate tax purposes) times the net amount of such taxes payable by my estate after the application of all credits against such taxes.

### ITEM III

**General Bequest of Personal and Household Effects With a Mandatory Memorandum.** I give and bequeath all my personal and household effects of every kind including but not limited to furniture, appliance, furnishings, pictures, silverware, china, glass, books, jewelry, wearing apparel, boats, automobiles, and other vehicles, and all policies of fire, burglary, property damage, and other insurance on or in connection with the use of this property, as follows:

(1) I may leave written memoranda disposing of certain items or my tangible personal property. Any such item of tangible personal property shall pass according to the terms of such memoranda in existence at the time of my death. If no such written memoranda is found or identified by my Personal Representative's qualification, it shall be conclusively presumed that there is no such memoranda and any subsequently discovered memoranda shall be ineffective. Any property given and devised to a beneficiary who is not living at the time of my death and for whom no effective alternative provision has been made shall pass according to the provisions of the following paragraph, and not pursuant to any anti-lapse statute.

(2) In default of such memoranda, or to the extent such memoranda do not completely or effectively dispose of such property, I give and bequeath the rest of my personal and household effects of every kind to my wife, \_\_\_\_\_, if she shall survive me. If my wife shall not survive me, I give and bequeath all the property to my children surviving me, in approximately equal shares; provided, however, the issue of a deceased child surviving me shall take per stirpes the share the parent would have taken had he or she survived. If my issue do not agree to the division of the property among themselves, my Personal Representative shall make such division among them, the decision of my Personal Representative to be in all respects binding upon my issue. If any beneficiary hereunder is a minor, my Personal Representative may distribute such minor's share to such minor or for such minor's use to any person with whom such minor is residing or who has the care or control of such minor without further responsibility and the receipt of the person to whom it is distributed shall be a complete discharge of my Personal Representative. The cost of packing and shipping such property shall be charged against my estate as an expense of administration.

DO NOT USE AS AN ORIGINAL  
YOU MUST USE AN ATTORNEY TO  
DO PROPER ESTATE PLANNING

ITEM IV

Specific Devise of automobile. I give and devise to \_\_\_\_\_  
any automobile that I may own.

ITEM V

Specific Devise of Residential Property (Not Identified). I give and devise to \_\_\_\_\_, if she shall survive me, any interest which I own at the time of my death in the house and lot which I occupy as my residence at time of my death. If this property at the time of my death is subject to any mortgage, then this devise shall be subject thereto and the devisee shall not be entitled to have the obligation secured by such mortgage paid out of my general estate.

ITEM VI

Outright Gift of All Property to Wife, Contingent Gift to Issue. I give, devise and bequeath all the rest, residue and remainder of my property of every kind and description (including lapsed legacies and bequests) wherever situate and whether acquired before or after the execution of this Will, absolutely in fee simple to my wife, \_\_\_\_\_, if she shall survive me. If she shall not survive me, then I give, devise and bequeath all of the property to my surviving children in equal shares, provided, however, the then-living issue of a deceased child of mine shall take per stirpes the share their parent would have taken had he or she survived me.

ITEM VII

Animal Care Trust

In the event of my death or disability, I, \_\_\_\_\_, wish to provide for the care and financial support of my pets. They are important members of my family and the purpose of this trust is to ensure they are cared for in a manner consistent with my wishes.

My pet(s) or domestic animal(s) now living are \_\_\_\_\_

Type of Pet

Breed

Name

Identification Method

Any references in this article to "my pet(s)" is/are to this/these named animal(s), or any other pet I own at the time of my death or disability, as well as any of my pet's offspring in gestation at the date of my disability or death.

1) **Gift to Trust.** Upon my death or disability, I give the sum of \$ \_\_\_\_\_ to \_\_\_\_\_ as my trustee to be held in trust, in a trust known as the \_\_\_\_\_ Trust ("Animal Trust"). This amount is in addition to any prior funding of the Animal Trust.

2) **Beneficiary of Animal Trust.** The beneficiary or beneficiaries of the Animal Trust shall be my Pet(s) defined herein.

3) **Care of My Pet.** Following my death (or during any period when, in the written opinion of my personal physician or pursuant to court determination, I am incompetent, incapacitated or disabled due to illness, age or other cause that results in my inability to adequately care for my pets), I appoint \_\_\_\_\_ as caregiver ("Caregiver") of my Pet(s). My Caregiver shall make all decisions regarding the location where my Pet(s) shall live, the diet, exercise, training and veterinary care of my Pet(s). Optionally, if \_\_\_\_\_ cannot act a Caregiver, then I appoint \_\_\_\_\_ as an alternate caregiver.

In the event the above named Caregivers are unable to serve, then my Trustee is to place my pets with \_\_\_\_\_. It is my intent that my Trustee cooperates with \_\_\_\_\_ in finding a permanent adoptive home for my Pet(s). My Trustee should defer to \_\_\_\_\_ in making a determination as to the suitability of a particular adoptive home, or any other course of action concerning my Pet(s) as authorized herein.

My Caregiver is given full and complete control and authority regarding veterinary care and treatment of my Pets. All personal information about my Pet(s) and special instructions regarding their care is listed on the attached Schedule A. My Caregiver has the authority to euthanize my Pet(s) after first determining from a licensed veterinarian that the injury or disease of my Pet(s) will impair the quality of life of my Pet(s), including but not limited to sustained, severe, life-threatening and terminal injuries, terminal illness, aged condition or temperament. I release, hold harmless and indemnify my Caregiver harmless from any action or claim against my Caregiver based on my Caregiver's decision regarding veterinary care and treatment made as provided in this paragraph. I do not want my Pet(s) used for medical research or educational purposes during life or following a claim.

My Caregiver shall be responsible for obtaining from a licensed veterinarian an annual statement of health and well-being, and verification of identity, of my

Pet(s) to present to my Trustee as a means of monitoring the condition of my Pet(s). My Trustee shall have the full power and authority to remove my Pet(s) from the Caregiver anytime my Trustee believes the Caregiver is not providing tender and loving care.

- 4) **Administration of Animal Trust.** I direct my Trustee to pay all expenses associated with the care, feeding and housing, including veterinary costs, of my Pet(s) for the duration of his/her lives, whether or not these expenses are deductible for estate tax purposes. My Trustee is authorized to pay an annual bonus of \$ \_\_\_\_\_ to the Caregiver(s) of my Pet(s) for each year care is given. The bonus is to be paid at the end of the year. No bonus shall be paid if my Pet(s) dies due to accident or illness caused by the Caregiver's neglect or willful misconduct.

No portion of the principal and income may be converted to the use of my Caregiver or my Trustee, other than for reasonable Trustee fees and expenses of administration, not to exceed \$ \_\_\_\_\_ annually, or for any other use than for the trust's purpose or for the benefit of my Pet(s) under the Animal Trust. Should my Pet(s) be placed with \_\_\_\_\_, I direct my Trustee to reimburse \_\_\_\_\_ for all costs associated with the care of my Pet(s) until a permanent adoptive home can be found.

- 5) **Termination Date.** The Animal Trust shall terminate when none of my Pet(s) covered by the Animal Trust are living. Upon termination, my Trustee shall transfer the unexpended trust property to \_\_\_\_\_, as the remainder beneficiary, to be used for its general purposes.

- 6) **Enforcement of Trust Provisions.** My Caregiver shall have the authority and duty to enforce the intended use of the principal and income of the Animal Trust, including the obtaining of equitable relief from the appropriate court in the jurisdiction where my Pet(s) is/are located.

- 7) **Applicable Law.** This Animal Trust shall be subject to the laws of the State of \_\_\_\_\_ applying to trusts and trustees, now in effect or as amended. Any property held in the Animal Trust of the trust itself shall not be subject to any statutory or common law rule against perpetuities.

- 8) **Exculpatory Clause.** The Trustee shall not be liable for any loss, cost, damage, or expense sustained through any error of judgment or in any other manner, except for and as a result of the Trustee's own bad faith or gross negligence.

## ITEM VIII

**Naming the Personal Representative, Personal Representative Succession, Personal Representative's Fees and other Matters.** The provisions for naming the Personal Representative, Personal Representative succession, Personal Representative's fees and other matters are set forth below:

(1) **Naming an Individual Personal Representative.** I hereby nominate, constitute, and appoint as Personal Representative of this my Last Will and Testament \_\_\_\_\_ and direct that she shall serve without bond.

(2) **Naming Individual Successor or Substitute Personal Representative.** If my individual Personal Representative should fail to qualify as Personal Representative hereunder, or for any reason should cease to act in such capacity, the successor or substitute Personal Representative who shall also serve without bond shall be \_\_\_\_\_.

(3) **Final Succession If Individual Successor Personal Representative Cannot Act.** If my individual successor Personal Representative should fail to qualify as Personal Representative hereunder or for any reason should cease to act in such capacity, then the successor or substitute Personal Representative who shall also serve without bond shall be \_\_\_\_\_.

(4) **Fee Schedule for Individual Personal Representative.** For its services as Personal Representative, the individual Personal Representative shall receive reasonable compensation for the services rendered and reimbursement for reasonable expenses.

(5) **Fee Schedule for Corporate Personal Representative.** For its services as Personal Representative, the corporate Personal Representative shall receive an amount determined by the Standard Fee Schedule in effect and applicable at the time of the performance of such services. If no such schedule shall be in effect at that time, it shall be entitled to reasonable compensation for the services rendered.

(6) **Change in Corporate Fiduciary.** Any corporate successor to the trust business of the corporate fiduciary designated herein or at any time acting hereunder shall succeed to the capacity of its predecessor without conveyance or transfer.

## ITEM VIII

**Definition of Personal Representative.** Whenever the word "Personal Representative" or any modifying or substituted pronoun therefor is used in this my Will, such words and respective pronouns shall include both the singular and the plural, the masculine, feminine and neuter gender thereof, and shall apply equally to the Personal Representative named herein and to any successor or substitute Personal Representative acting hereunder, and such successor or substitute Personal Representative shall possess

all the rights, powers and duties, authority and responsibility conferred upon the Personal Representative originally named herein.

#### ITEM IX

**Powers for Personal Representative.** By way of illustration and not of limitation and in addition to any inherent, implied or statutory powers granted to Personal Representatives generally my Personal Representative is specifically authorized and empowered with respect to any property, real or personal at any time held under any provision of this my Will: to allot, allocate between principal and income, assign, borrow, buy, care for, collect, compromise claims, contract with respect to, continue any business of mine, convey, convert, deal with, dispose of, enter into, exchange, hold, improve, incorporate any business of mine, invest, lease, manage, mortgage, grant and exercise options with respect to, take possession of, pledge receive, release, repair, sell, sue for, to make distributions or divisions in cash or in kind or partly in each without regard to the income tax basis of such asset, and in general, to exercise all the powers in the management of my Estate which any individual could exercise in the management of similar property owned in his or her own right, upon such terms and conditions as to my Personal Representative may seem best, and to execute and deliver any and all instruments and to do all acts which my Personal Representative may deem proper or necessary to carry out the purposes of this my Will, without being limited in any way by the specific grants of power made, and without the necessity of a court order.

#### ITEM X

**Provision for Personal Representative to Access Digital Assets.** My personal representative shall have the power to access, handle, distribute, and dispose of my digital assets.

#### ITEM XI

**Memorandum Regarding Digital Assets.** I have prepared a memorandum with instructions concerning my digital assets and their access, handling, distribution, and disposition. I direct my Personal Representative and beneficiaries to follow my instructions concerning my digital assets.

#### ITEM XII

**Provision for Personal Representative to Act as Trustee for Beneficiary Under Age Eighteen.** If any share or property hereunder becomes distributable to a beneficiary who has not attained the age of Eighteen (18) years or if any real property shall be devised to a person who has not attained the age of Eighteen (18) years at the date of my death, then such share or property shall immediately vest in the beneficiary, but notwithstanding the provisions herein, my Personal Representative acting as Trustee shall retain possession of the share or property in trust for the beneficiary, using so much of the net income and

principal of the share or property as my Personal Representative deems necessary to provide for the proper support, medical care, and education of the beneficiary, taking into consideration to the extent my Personal Representative deems advisable any other income or resources of the beneficiary or his or her parents known to my Personal Representative. Any income not so paid or applied shall be accumulated and added to principal. The beneficiary's share or property shall be paid over, distributed and conveyed to the beneficiary in one-third (1/3) increments, with one-third (1/3) being paid over, distributed and conveyed to the beneficiary upon attaining age Twenty-Five (25), one-third (1/3) being paid over, distributed and conveyed to the beneficiary upon attaining age Thirty (30), and one-third (1/3) being paid over, distributed and conveyed to the beneficiary upon attaining age Thirty-Five (35). If the beneficiary shall sooner die, then to his or her personal representatives in the above-described one-third (1/3) increments at the time the beneficiary would have attained ages Twenty-Five (25), Thirty (30), and Thirty-Five (35). Whenever my Personal Representative determines it appropriate to pay any money for the benefit of a beneficiary for whom a trust is created hereunder, then the amounts shall be paid out by my Personal Representative in such of the following ways as my Personal Representative deems best: (1) directly to the beneficiary; (2) to the legally appointed guardian of the beneficiary; (3) to some relative or friend for the care, support and education. My Personal Representative as trustee shall have with respect to each share or property so retained all the powers and discretions conferred upon it as Personal Representative.

#### ITEM XIII

##### **Discretion Granted to Personal Representative in Reference to Tax Matters.**

My Personal Representative as the fiduciary of my estate shall have the discretion, but shall not be required when allocating receipts of my estate between income and principal, to make adjustments in the rights of any beneficiaries, or among the principal and income accounts to compensate for the consequences of any tax decision or election, or of any investment or administrative decision, that my Personal Representative believes has had the effect, directly or indirectly, of preferring one beneficiary or group of beneficiaries over others; provided, however, my Personal Representative shall not exercise its discretion in a manner as may be hereinafter provided. In determining the state or federal estate and income tax liabilities of my estate, my Personal Representative shall have discretion to select the valuation date and to determine whether any or all of the allowable administration expenses in my estate shall be used as state or federal estate tax deductions or as state or federal income tax deductions and shall have the discretion to file a joint income tax return with my wife.

#### ITEM XIV

**Definition of Children.** For purposes of this Will, "children" means the lawful blood descendants in the first degree of the parent designated; and "issue" and "descendants" mean the lawful blood descendants in any degree of the ancestor designated; provided, however, that if a person has been adopted, that person shall be considered a child of such adopting parent and such adopted child and his or her issue shall be considered as issue of the adopting parent or parents and of anyone who is by blood or adoption an



ancestor of the adopting parent or either of the adopting parents. The terms "child," "children," "issue," "descendant" and "descendants" or those terms preceded by the terms "living" or "then living" shall include the lawful blood descendant in the first degree of the parent designated even though such descendant is born after the death of such parent.

The term "per stirpes" as used herein has the identical meaning as the term "taking by representation" as defined in the South Carolina Probate Code.

#### **ITEM XV**

**Definition of Words Relating to the Internal Revenue Code.** As used herein, the words "gross estate," "adjusted gross estate," "taxable estate," "unified credit," "state death tax credit," "maximum marital deduction," "marital deduction," "pass," and any other word or words which from the context in which and they are used refer to the Internal Revenue Code shall have the same meaning as such word have for the purposes of applying the Internal Revenue Code to my estate. For purposes of this Will, my "available generation-skipping transfer exemption" means the generation-skipping transfer tax exemption provided in section 2031 of the Internal Revenue Code of 1986, as amended, in effect at the time of my death reduced by the aggregate of (1) the amount, if any, of my exemption allocated to lifetime transfers of mine by me or by operation of law, and (2) the amount, if any, I have specifically allocated to other property of my gross estate for federal estate tax purposes. For purposes of this Will if at the time of my death I have made gifts with an inclusion ratio of greater than zero for which the gift tax return due date has not expired (including extensions) and I have not yet filed a return, it shall be deemed that my generation-skipping transfer exemption has been allocated to these transfers to the extent necessary (and possible) to exempt the transfer(s) from generation-skipping transfer tax. Reference to Sections of the Internal Revenue Code and to the Internal Revenue Code shall refer to the Internal Revenue Code amended to the date of my death.

#### **ITEM XVI**

**Definition of Digital Assets.** "Digital assets" includes files stored on my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops. The term "digital assets" also includes but is not limited to emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops, regardless of the ownership of the physical device upon which the digital item is stored.



ITEM XVII

**Provision for Appointment by a Married Person of a Testamentary Guardian.**

If my wife shall predecease me, or if my wife dies after my death without having appointed a testamentary guardian for any minor child or children of ours, then I hereby nominate, constitute, and appoint J. James Client as testamentary guardian of the person and the property of such minor child or children and to the extent allowed by law direct that such guardian shall serve without bond.

ITEM XVIII

**Simultaneous Death Provision Presuming Beneficiary Predeceased Testator.**

If any beneficiary and I should die under such circumstances as would make it doubtful whether the beneficiary or I died first, then it shall be conclusively presumed for the purposes of this Will that the beneficiary predeceased me.

SAMPLE

**Testimonium, Attestation and Self-Proving Affidavit.**

I, \_\_\_\_\_, the Testator, sign my name to this instrument this \_\_\_\_\_ day \_\_\_\_\_, 2002, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes herein expressed, and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

**DO NOT USE AS AN ORIGINAL TO  
YOU MUST USE AN ATTORNEY TO  
DO PROPER ESTATE PLANNING**

\_\_\_\_\_  
We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his Last Will and that he signs it willingly (or willingly directs another to sign for him), and that each of us, in the presence and hearing of the Testator, and in the presence of each other, hereby signs this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

**SAMPLE**

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(WITNESS)

**THE STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON**

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_, the Testator, and subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_, witnesses, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**NOTARY PUBLIC FOR SOUTH CAROLINA**  
My Commission Expires: \_\_\_\_\_

**SELF-PROVING AFFIDAVIT FOR PET TRUST**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }

I/We, the Grantor, Trustee(s) and the Witnesses and/or Notary Public whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Grantor signed and executed the instrument as his/her Living Trust and that he/she signed willingly, and that he/she executed it as his/her free and voluntary act for the purposes therein expressed, and that each of the individuals, in the presence of the Grantor, was at the time eighteen (18) or more years of age, of sound mind and under no constraint or undue influence.

Grantor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Successor Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Successor Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

On this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named

\_\_\_\_\_ and acknowledged the foregoing to be

(his/her) free act and deed, before me.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(Seal)

Print \_\_\_\_\_

**DO NOT USE AS AN ORIGINAL  
YOU MUST USE AN ATTORNEY TO  
DO PROPER ESTATE PLANNING**

CHARLESTON PROBATE COURT  
100 Broad St, #469 Marriage, Guardian/Conservator  
84 Broad St - Estate Division  
Charleston, SC 29401

Receipt Nbr: 502419  
Case Number: 2014 ES 10 0321  
Date: 4-15-14

Paid By: Harriet Frances Joseph  
Case Name: IN THE MATTER OF Lawrence Michael Joseph

Description	Amount
ESTATE OPEN FEE WITH MOULTRIE	\$25.00
<b>TOTAL:</b>	<b>\$25.00</b>

Cash:  
Credit: \$25.00      Fees: \$0.00 (0%)  
Check:                      Check #:  
Money Order:              Nbrs #:

**CHARLESTON COUNTY PROBATE COURT  
CREDITOR'S NOTICE**

ESTATE OF: Lawrence Michael Joseph

CASE NUMBER: 2014 ES 10 0321

I hereby request that you publish the Creditor's Notice for the above referenced estate in the following newspaper:

<u>INITIAL SELECTION</u>	<u>NEWSPAPER</u>	<u>COST</u>
	The Moultrie News @	\$30.00
<u>HFJ</u>	The Post & Courier @	\$120.00
<u>          </u>	Charleston City Paper @	\$50.00

I have enclosed my check payable to the Charleston County Probate Court for the appropriate fee.

Harnet Frances Joseph  
Personal Representative

\*\* Note: Prices are subject to change if newspaper rates change.

Rev: March 31, 2021

The personal representative selects one newspaper and provides a separate payment for publication fee.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

**FIDUCIARY BOND**

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0321

We, Harriet F. Joseph (Personal Representative), as principal, and Insure You, LLC., a corporation duly licensed to do business in South Carolina, as Surety, are held and bound unto the Charleston County Probate Court Judge in the sum of fifteen thousand (\$ 15,000) Dollars, to be paid to the Probate Court Judge or his/her successors of this County. We jointly and severally bind each of ourselves, our heirs, fiduciaries, and assigns for the entire amount. The principal and the surety consent to the jurisdiction of this Probate Court in any proceeding pertaining to the fiduciary duties of the Personal Representative.

THE CONDITION OF THE ABOVE OBLIGATION IS, that if the above bound principal shall faithfully discharge the duties of his/her trust as Fiduciary of the person and/or estate in this matter, according to law, then the above obligation is to be void, else to remain in full force.

Executed this 15<sup>th</sup> day of April, 2014.

\*Witness Signature: Wally Witness  
Print Witness Name: Wally Witness

Principal Signature: Harriet Frances Joseph  
Print Principal Name: Harriet Frances Joseph  
Principal Address: 189 Tracy Street  
Charleston SC 29401

Bonding Company  
Home Office: Insure You Nationwide, LLC.  
Address: 728 Park Avenue  
New York, NY 99999  
Telephone: 1-800-111-2222

S.C. Bonding  
Company Agency: Insure You SC, LLC.  
By Attorney in Fact:  
Print Agent Name: Jay Bond  
Agency Address: 1959 Broad Street  
Charleston SC 29401  
Telephone: (843) 123-4567

\*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF Charleston )  
 )  
IN THE MATTER OF: )  
Lawrence Michael Joseph )  
(Decedent) )

IN THE PROBATE COURT

WAIVER OF BOND

CASE NUMBER: 2014 ES 10 0321

The undersigned states as follows:

I am an

- ☒ Heir or beneficiary of the Estate;  
☐ Interested party other than a creditor of the Estate;

and I hereby request that the Court waive bond:

- ☐ for any person appointed to administer this Estate  
☒ for Harriet Frances Joseph  
(name of proposed Personal Representative)

Executed this 15<sup>th</sup> day of April, 2014.

SWORN to before me this 15<sup>th</sup> day of  
April, 2014  
Nick Notary  
Notary Public for South Carolina  
My commission expires: 12/15/2035

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com  
Relationship to Decedent/Estate: wife

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

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

CASE NUMBER: 2014 ES 10 0321

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: Harriet Frances Joseph

Address: 189 Tracy Street  
Charleston SC 29401

☐ 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 15<sup>th</sup> day of April, 20 14.

SWORN to before me this 15 day of  
April, 20 14

Maude Notary

Notary Public for South Carolina

My commission expires: 12/15/2035

Signature: Lawrence M. Joseph Jr.

Print Name: Lawrence Joseph Jr.

Address: 100 Arctic Avenue  
Folly Beach SC 29465

Telephone (Work): (843) 111-2222

(Home): (843) 332-4444

(Cell): (843) 555-4321

Email: LMJJ@aol.com

Relationship to Decedent/Estate: Son



STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

FIDUCIARY LETTERS

CASE NUMBER: 2014 ES 10 0321

- ☒ PERSONAL REPRESENTATIVE  
☐ CONSERVATORSHIP  
☐ TRUSTEESHIP  
☐ \_\_\_\_\_

On the 15<sup>th</sup> day of April, 2014, Harriet Frances Joseph, ☒ was/☐ were appointed and qualified as Fiduciary(ies) of the above matter by this Court, with all the authority granted to a fiduciary by law.

NOW, THEREFORE, LETTERS are issued as evidence of such appointment, qualification, and authority of the above fiduciary(ies) to do and to perform all acts which may be authorized by law.

RESTRICTIONS:

None

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Probate Court Judge

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

) IN THE PROBATE COURT  
)

) CERTIFICATE OF APPOINTMENT  
)

) CASE NUMBER: 2014 ES 10 0321  
)  
)

This is to certify that

Harriet Frances Joseph

is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE  
☐ SUCCESSOR PERSONAL REPRESENTATIVE  
☐ SPECIAL ADMINISTRATOR

in the above matter and that this appointment, having been executed on the 15<sup>th</sup> day of April, 2014, is in full force and effect.

RESTRICTIONS: NONE

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Irvin G. Condon, Probate Court Judge  
BY ESTATE CLERK

**Do not accept a copy of this certificate without  
the raised seal of the Probate Court.**

STATE OF SOUTH CAROLINA

COUNTY OF: CHARLESTON

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

INFORMATION TO HEIRS AND DEVISEES

CASE NUMBER: 2014 ES 10 0321

On April 15, 2014, Application/Petition was made to the Probate Court of  
Charleston County at (address), 84 Broad Street, Charleston, SC, 29401,  
for the (check all that apply):

INFORMAL

☒ PROBATE OF WILL  
☐ APPOINTMENT

FORMAL

☐ TESTACY  
☐ APPOINTMENT

in the above matter.

(Complete if applicable) The Decedent's Will dated 3/21/14, Codicil(s) dated n/a,  
and Memorandum(s) dated n/a was/were presented.

Bond HAS ☐ HAS NOT ☒ been filed.

This notice is being sent to persons who have or may have some interest in the estate.

**Please note:** This form is required to be sent to all potential devisees and heirs of the Decedent. Receipt of this form does not mean that you will inherit from the Decedent. You may review the file in the Probate Court or see an attorney if you desire further information.

My application/petition was granted within the past thirty (30) days on April 15, 2014.

Applicant/Personal Representative Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFD@aol.com

Co-Applicant/Co-Personal Representative Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF: CHARLESTON )  
 )  
IN THE MATTER OF: )  
Lawrence Michael Joseph )  
(Decedent) )

IN THE PROBATE COURT

PROOF OF DELIVERY

CASE NUMBER: 2014 ES 10 0321

On the 20<sup>th</sup> day of April, 20 14, I mailed or delivered the following document(s):

Information to Heirs and Devisees

- ☒ A copy of which is attached hereto and incorporated herein, or  
☐ The original of which is on file with the Court.

Delivery was accomplished by the following method (check appropriate box):

- ☐ personal delivery  
☐ certified mail  
☐ commercial delivery  
☒ ordinary first-class mail  
☐ registered mail  
☐ electronic message (Article 7, Trust matters only)

to each of the following persons at the address shown:

NAME	ADDRESS
<u>Lawrence M. Joseph</u>	<u>100 Arctic Avenue, Folly Beach, SC 29405</u>
<u>Joanne K. Joseph</u>	<u>65 Sheldon Road, Naples, FL 33333</u>
<u>Marion Anne Joseph</u>	<u>2 Fair Street Charleston SC 29414</u>
<u>Raymond Joseph</u>	<u>10 Savage Street Charleston SC 29401</u>

SWORN, to before me this 20<sup>th</sup> day of  
April, 20 14

Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
E-mail: HFD@aol.com  
Relationship to Decedent/Estate: wife

COUNTY OF: Charleston

## INVENTORY AND APPRAISEMENT

☒ ORIGINAL☐ AMENDED # \_\_\_\_\_

(must restate the unchanged information from the original Inventory)

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)CASE NUMBER: 2014 ES 10 0821

File the original Inventory and Appraisement with the Probate Court within ninety (90) days following the fiduciary appointment. A copy shall be sent to each interested person who has demanded it. A Proof of Delivery must be filed with the Court. The gross fair market value of all probate assets, regardless of location (whether in this state or elsewhere), should be listed as of the date of death. Continue on additional sheets if necessary. An Amended Inventory should be utilized for correcting, adjusting or adding to an original inventory, and *must restate the unchanged information from the original Inventory*. A qualified and disinterested appraiser may be employed to ascertain the value of any asset. If an appraiser is employed, his/her name and address must be indicated with the item or items he/she appraised.

## RECAPITULATION

	Non-Probate (OPTIONAL)	Probate
Schedule A - Real Estate .....		\$ <u>75,000</u>
Schedule B - Stocks and Bonds .....		\$ <u>15,000</u>
Schedule C - Notes Due Decedent and Cash .....		\$ <u>20,000</u>
Schedule D - Insurance on Decedent's Life - Part 1 - Payable to Estate .....		\$ <u>30,000</u>
Part 2 - Payable to Beneficiary .....	\$ <u>110,000</u>	
Schedule E - Jointly Owned Property .....	\$ <u>1,510,000</u>	
Schedule F - Other Miscellaneous Assets Payable to Estate .....		\$ <u>12,000</u>
Schedule G - Transfers During Decedent's Life .....	\$ <u>1,100,000</u>	\$ <u>0</u>
Schedule H - Powers of Appointment .....	\$ <u>0</u>	\$ <u>0</u>
Schedule I - Annuities and Retirement Accounts .....	\$ <u>500,000</u>	\$ <u>100,000</u>
<b>GROSS VALUE OF PROBATE ESTATE .....</b>		\$ <u>252,000</u>

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisement of all probate real and personal property of this estate so far as the undersigned is informed; that he/she has estimated and/or appraised all listed property at its fair market value, according to the best of his/her knowledge and ability.

SWORN to before me this 15<sup>th</sup> day of July, 2014  
Nick Notary  
 Notary Public for South Carolina  
 My Commission Expires: 12/15/2035

## Personal Representative

Signature: Harriet Frances Joseph  
 Print Name: Harriet Frances Joseph  
 Address: 189 Tracy Street  
Charleston SC 29401  
 Telephone (Work): (843) 999-8888  
 (Home): (843) 777-6666  
 (Cell): (843) 555-1234  
 (Email): HFJ@aol.com

## Co-Personal Representative

Signature (if applicable) \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (Work): \_\_\_\_\_  
 Telephone (Home): \_\_\_\_\_  
 (Cell): \_\_\_\_\_  
 (Email): \_\_\_\_\_

Attorney: Andy Attorney  
 Address: 123 Main Street  
Charleston SC 29401  
 Telephone: (843) 555-0125  
 Email: attorney@aol.com

WHEN COMPLETING THE FOLLOWING SCHEDULES LIST ALL PROBATE ASSETS, REGARDLESS OF LOCATION. ALL OUT-OF-STATE PROBATE ASSETS MUST BE DISCLOSED. NON-PROBATE PROPERTY NEED NOT BE DISCLOSED.

**SCHEDULE A – REAL ESTATE.** List below any real estate in Decedent's name alone or tenants in common (not as joint with right of survivorship or tenants in the entirety). Describe each property by listing its full address, tax map number, deed book and page, and description consistently (for example: house, lot, buildings, acreage). Also list oil/mineral rights and time shares if it is real property. If none, so state. If the property is encumbered, list the full fair market value of the property here and the encumbrance on the Encumbrance Schedule below. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	% owned by Decedent	Fair Market Value	Value of Decedent's interest
1.	189 Tracy Street, Chas SC Tax Map Number:	50%	\$80,000	\$40,000
2.	Lot: Tulane Ave, Chas SC Tax Map Number:	100%	\$25,000	\$25,000
3.	10 Kelly Ave, South Bend, IN Tax Map Number:	100%	\$10,000	\$10,000

TOTAL SCHEDULE A

\$ 75,000

(also enter under recapitulation, page 1)

**SCHEDULE B – STOCKS AND BONDS.** List below all stocks and bonds in the Decedent's name alone or tenants in common (not as joint with right of survivorship). Identify each type of security and the number of shares. If none, so state. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Face Value	Appraised Value
1.	ABC, Inc. - common stock - 100 shares	\$100	\$10,000
2.	XYZ, Inc. - common stock - 50 shares	\$100	\$5,000
3.	Green Bay Packers - 1 Shares, non-voting	\$0	\$0
4.			

TOTAL SCHEDULE B

\$ 15,000

(also enter under recapitulation, page 1)

**SCHEDULE C – CASH, BANK ACCOUNTS, NOTES RECEIVABLES.** List all bank accounts owned by Decedent alone or as tenants in common (checking, savings, CDs, money market, brokerage, employment bonus, cash award, final paycheck, etc.), cash on hand, notes payable to Decedent, and survival action proceeds. If none, so state. List each separate account type and institution and last two digits of the account. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Value
1.	Bank of United States - # XX013	\$11,000
2.	" " # XX016	\$5,000
3.	Note Receivable due from Norton, Inc.	\$4,000

TOTAL SCHEDULE C

\$ 20,000

(also enter under recapitulation, page 1)

**SCHEDULE D - LIFE INSURANCE** (If none, so state.)

Part 1 - Life Insurance – List the insurance on the life of the Decedent which is payable to the Estate.

Item No.	Description	Value
1.	Wild Kingdom Whole Life - payable to estate	\$30,000
2.		
3.		

TOTAL PART 1

\$ 30,000

(also enter under recapitulation, page 1)

(If more space is required, insert additional sheets of same size.)

Part 2 (OPTIONAL) - You may list here the insurance on the life of the Decedent which is payable to beneficiaries.

Item No.	Description	Beneficiary	Value
1.	Aetna Term Insurance	Janie Niece	\$100,000
2.	Good Hands Insurance	Professor Alan	\$10,000
3.			

TOTAL PART 2 \$ 110,000  
(also enter under recapitulation, page 1)

**SCHEDULE E - (OPTIONAL) JOINT WITH RIGHT OF SURVIVORSHIP**- You may list below any non-probate property jointly owned by the Decedent with another with right of survivorship. List each separate account type and institution and the last two digits of each account.

Item No.	Description	Joint Owner(s)	Percentage Includible	Value of Decedent's Interest
1.	State Bank: Acct. ending in 299	Raymond Joseph	50%	\$1,000,000
2.	2 Fair St. Chas, SC 29414	Marion Joseph	50%	\$500,000
3.	Reliable Bank: acct ending in 756	Harriet Joseph	50%	\$10,000

TOTAL SCHEDULE E \$ 1,510,000  
(also enter under recapitulation, page 1)

**SCHEDULE F - OTHER MISCELLANEOUS ASSETS PAYABLE TO ESTATE.** List below any tangible personal property, including household goods & furnishings, vehicles, boats/motors/trailers, mobile homes that are not de-titled (Include year/make/model/VIN, if applicable), airplanes, equipment, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, including coins, guns, artwork, jewelry, etc., and any other miscellaneous probate items not listed elsewhere, including any digital assets. If none, so state. (For jointly owned tangible personal property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Value
1.	Baseball cards including Hank Aaron Card	\$10,000
2.	Car: 1962 Valiant named Millie VIN: 56JK 196	\$1,000
3.	Morris Island Lighthouse Brick-repainted	\$1,000
4.		
5.		

TOTAL SCHEDULE F \$ 12,000  
(also enter under recapitulation, page 1)

**NOTE: FOR SCHEDULES G, H, AND I. LIST VALUES ONLY IF PAYABLE TO ESTATE.**

**SCHEDULE G - TRANSFERS DURING DECEDENT'S LIFE.** List any transfers intended to take effect at death if such property is payable to the Estate. You may list in the "Optional" section below any non-probate transfers intended to take effect at death not payable to the Estate, including United States Government Bonds "Payable on Death," accounts which are "Transfer on Death," a trust created by Decedent in which income for life was retained by the Decedent, power to revoke or other incidents of ownership retained by the Decedent, lifetime transfers of real property in which Decedent retained life estate, etc. If none, so state.

List date and type of transfer and list total amount payable to estate:

1.		
2.		

(OPTIONAL) describe and list amounts not payable to estate:

1.	I Feel Good Trust	\$1,000,000
2.	P.O.D. Account at local Child Bank	100,000

TOTAL SCHEDULE G \$ 1,100,000  
(also enter under recapitulation, page 1)

(If more space is required, insert additional sheets of same size.)

**SCHEDULE H – POWERS OF APPOINTMENT.** List property, both real and personal, over which Decedent possessed a Power of Appointment whether testamentary or otherwise, if such property is payable to the Estate. You may list property subject to such power if it was not payable to the Estate in the "Optional" section below. If none, so state.

Describe and list total amount payable to estate:

1.	n/a	
2.		

(OPTIONAL) describe and list amounts not payable to estate:

1.		
2.	n/a	

TOTAL SCHEDULE H

(also enter under recapitulation, page 1)

\$ 0

**SCHEDULE I – ANNUITIES AND RETIREMENT ACCOUNTS (IRA's, 401(K), etc.).** List any annuities or retirement accounts owned by the Decedent and payable to the Estate. You may list in the "Optional" section below any accounts payable to a beneficiary which is not payable to the Estate.

Describe and list total amount payable to estate:

1.	401K w/ no beneficiary/by contract payable to estate	\$500,000
2.		
3.		

(OPTIONAL) describe and list amounts not payable to estate:

1.	IRA payable to spouse	\$100,000
2.		
3.		

TOTAL SCHEDULE I

(also enter under recapitulation, page 1)

\$ 600,000

**ENCUMBRANCES** (e.g., mortgages, liens, judgments, etc., but not general debts of the estate). List debts of the Decedent secured by assets on the above Schedules and describe the debt and the specific asset encumbered.

Item No.	Schedule & Item Number Encumbered Thereby	Description & Amount
1.	mortgage - Schedule A, Item #1	\$10,000
2.	- 189 Tracy Street	
3.		

TOTAL ENCUMBRANCES

(also enter under recapitulation, page 1)

\$ 10,000

(If more space is required, insert additional sheets of same size.)



CHARLESTON PROBATE COURT  
100 Broad St, #469 Marriage, Guardian/Conservator  
84 Broad St - Estate Division  
Charleston, SC 29401

Invoice for Case: :2014 ES 10 0321

Date	Order	Acct Nbr	Invoice Item	Balance
<b>Transaction: PROBATE FEES</b>				
7-15-14	10	PROB_FEE	PROBATE FEES	\$5,804.80
TOTAL:				\$5,804.80

*\* indicates Vendor Required Transaction*

**INVOICE TOTAL:** \$5,804.80

Please make check payable to Charleston County Probate Court. Invoice is due immediately upon receipt.

ALLISON ATWOOD CHARLESTON COUNTY PROBATE CT

84 BROAD ST

CHARLESTON SC 29401

2014 SEP 16 AM 10:48

CHAPLAIN

## AFFIDAVIT OF PUBLICATION

# The Post and Courier

State of South Carolina

County of Charleston

Personally appeared before me the undersigned advertising clerk of the above indicated newspaper published in the city of Charleston, county and state aforesaid, who, being duly sworn, says that the advertisement of

(copy attached)

appeared in the issues of said newspaper on the following day(s):

08/29/14 Fri	PC	09/12/14 Fri	CNW
09/05/14 Fri	PC		
09/12/14 Fri	PC		
08/29/14 Fri	CNW		
09/05/14 Fri	CNW		

at a cost of

Account# 103029

Order# 1207583

P.O. Number:

Subscribed and sworn to before

me this 15th day

of September

A.D. 2014

*K. Eddings*  
advertising clerk

*Sherry Dye*  
NOTARY PUBLIC, SC  
My commission expires

### ESTATES'

### CREDITOR'S NOTICES

All persons having claims against the following estates are required to deliver or mail their claims to the Personal Representative indicated below and also file subject claims on Form 637IES with Irv Condon, Probate Judge of Charleston County, 84 Broad St., 3rd Floor, Charleston, SC 29401, before the expiration of 8 months after the date of the first publication of this Notice to Creditors, or else thereafter such claims shall be and are forever barred.

Estate of:  
Adeline Godfrey Merrill  
2014-ES-10-1189-2  
DOD: 07/15/14  
Pers. Rep: Walter Pringle, IV,  
1015 Royalist Rd., Mt. Pleasant, SC 29464, Pers. Rep:  
Pevre G. Pringle, 713 Ocean Blvd., Isle of Palms, SC 29451

Estate of:  
Sandra Cheryl Brown  
2014-ES-10-1227  
DOD: 07/15/14  
Pers. Rep: Carroll Smith  
Brown, 1582 Spinnaker Ln., Charleston, SC 29407, Atty: T. Hayward Carter, Jr., Esq., 115 Church St., Charleston, SC 29401

Estate of:  
Donald L. Williams  
2014-ES-10-1279  
DOD: 06/22/14  
Pers. Rep: Donald L. Smith,  
15 Dune Ridge Ln., Isle of Palms, SC 29451, Atty: Robert B. Pearman, Esq., 751 Johnnie Dodds Blvd., Mt. Pleasant, SC 29464

Estate of: Esther H. Smith  
2014-ES-10-1301  
DOD: 07/18/14  
Pers. Rep: Wells Fargo Bank, NA, Attn: Robert J. Galey, Jr., 177 Meeting St., MAC: D3601-040, Charleston, SC 29401, Atty: Paul M. Lynch, Esq., PO Box 22826, Charleston, SC 29413

Estate of:  
Andrew Davis Coleman  
2014-ES-10-1311  
DOD: 04/08/14  
Pers. Rep: Catherine C. Coleman, 2986 Seabrook Island Rd., Seabrook Island, SC 29455, Atty: Eric J. Bradshaw, Esq., 125 H. Wappoo Creek Dr., Charleston, SC 29412

Estate of:  
James L. Whitney  
2014-ES-10-1315  
DOD: 06/15/14  
Pers. Rep: Ruthmae Whitney, 5243 Good St., No. Charleston, SC 29406, Atty: Daniel M. Bradley, Esq., PO Box 2061, Mt. Pleasant, SC 29465

Estate of: Estelle White  
2014-ES-10-1344  
DOD: 01/25/14  
Pers. Rep: Edward Mikell, 1950 Birds Nest Rd., Wadmalaw Island, SC 29487, Atty: Barry I. Baker, Esq., PO Box 31265, Charleston, SC 29417

Estate of:  
William S. Royall, Jr.  
2014-ES-10-1358  
DOD: 08/11/14  
Pers. Rep: Betty M. Royall  
626 Rue De Muckle, Mt. Pleasant, SC 29464, Atty: W. Thomas Ruffledge, Jr., Esq., 800 C Wappoo Rd., Charleston, SC 29407

AD# 1207583

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0821

\_\_\_\_\_  
vs. Petitioner(s)

**\*PETITION FOR  
ALLOWANCE OF CREDITOR CLAIM**

\_\_\_\_\_  
Respondent(s)

The undersigned petitions the Court to allow the following claims against the Estate in the amounts set forth below:

**Creditor Name and Address**

**Amount of Claim**

The Hospital  
1 Medical Way  
Charleston SC 29401

\$5,000

In support of this Petition, Petitioner incorporates the claim(s) referenced above as presented to the Court and alleges that each claim is valid and (i) was presented within the period for the presentation of claims as provided by law and/or (ii) any claim not yet presented is attached to this Petition and made a part hereof and is being presented within the period for the presentation of claim(s) as provided by law.

(Other:) \_\_\_\_\_

Executed this 7<sup>th</sup> day of July, 2014.

Signature: Harriet Frances Joseph

Print Name: Harriet Frances Joseph

Address: 189 Tracy Street  
Charleston SC 29401

Telephone (Work): (843) 999-8888

(Home): (843) 777-6666

(Cell): (843) 555-1234

Email: HFJ@aol.com

Attorney: Andy Attorney

Address: 123 Main Street  
Charleston SC 29401

Telephone: (843) 555-0125

Email: Attorney@aol.com

**\*NOTE: THIS IS A FORMAL PROCEEDING. 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.**

STATE OF SOUTH CAROLINA )

IN THE PROBATE COURT )

COUNTY OF Charleston )

## STATEMENT OF CREDITOR'S CLAIM

IN THE MATTER OF: )

Lawrence Michael Joseph )  
(Decedent) )CASE NUMBER: 2014 ES 10 0321Decedent's Date of Death (if known): 4-1-14Decedent's Last Mailing Address: 189 Tracy Street, Charleston SC 29401

Creditor:	<u>The Hospital</u>
Address:	<u>7 Medical Way</u>
	<u>Charleston SC 29401</u>
Telephone:	<u>888-555-6666</u>
Email:	<u>hospital@aol.com</u>
Original Creditor:	<u>The Hospital</u>
Address (if different from above)	
Claim Amount Due:	<u>\$ 5,000</u>
Account Number:	<u>555-5555</u>
Other Reference Number:	<u>n/a</u>
Basis of claim (Ex: Contract, Services Rendered for decedent, etc):	<u>medical services provided for hospitalization</u>
Date claim will become due (if not already due)	<u>past due</u>
Nature of uncertainty as to the claim, if any (i.e. contingent claim, amount of claim, due date):	<u>n/a</u>
Description of security as to the claim, if any (Ex: Collateral for the debt)	<u>n/a</u>

Signature: Henry Hospital  
Printed Name: Henry Hospital  
Title: Comptroller  
Date: 7-28-14

**INSTRUCTIONS:** Claims **MUST** be filed with the Probate Court of the county in which the Decedent's Estate is under administration and may be delivered or mailed to the fiduciary appointed to administer the Estate (see SCPC 62-3-803, 62-3-804, and 62-3-806).

No claim against a Decedent's estate may be presented or legal action commenced against a Decedent's Estate prior to the appointment of a Personal Representative to administer the Decedent's Estate (except see SCPC 62-3-804(1)(b)).

Satisfaction or withdrawal of claim (FORM 325) **MUST** be filed once claim is resolved.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

## NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM

IN THE MATTER OF:

Lawrence Michael Joseph

(Decedent)

CASE NUMBER: 2014 ES 10 0321

TO:	Creditor:	<u>The Hospital</u>
	Address:	<u>7 Medical Way Charleston SC 29401</u>
	Telephone:	<u>888-555-6666</u>
	Email:	<u>hospital@aol.com</u>
	Original Creditor:	<u>The Hospital</u>
	Address (if different from above)	<u>n/a</u>
	Filed Date of Claim:	<u>7/28/14</u>
	Claim Amount:	<u>5,000</u>
	Account Number:	<u>555-5555</u>
	Other Reference Number:	<u>n/a</u>

Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the Decedent's estate. Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.

☒ the claim is allowed.

☐ the claim is partially allowed in the amount of \$ \_\_\_\_\_; the balance is disallowed. Explanation (optional)

☐ the claim is disallowed in full. Explanation (optional): \_\_\_\_\_

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Executed this 1<sup>st</sup> day of August, 20 14.

Signature: Harriet Frances JosephPrint Name: Harriet Frances JosephAddress: 189 Tracy Street  
Charleston SC 29401Telephone (Work): (843) 999-8888(Home): (843) 777-6666(Cell): (843) 555-1234Email: HFJ@aol.comAttorney: Andy AttorneyAddress: 123 Main Street  
Charleston SC 29401Telephone: (843) 555-0125Email: attorney@aol.com

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

ORDER FOR PETITION FOR  
ALLOWANCE OF CREDITOR CLAIM

CASE NUMBER: 2014 ES 10 0821

On the basis of the Petition for Allowance of Creditor Claim and after hearing, the Court finds the aforesaid claim(s) is/are:

allowed based on S.C. Code 62-3-806

THEREFORE, IT IS HEREBY ORDERED that the following be ALLOWED in the amounts set forth below:

Creditor Name and Address

Amount of Claim

The Hospital  
1 Medical Way  
Charleston SC 29401

\$5,000

Executed this 28<sup>th</sup> day of July, 2014.

\_\_\_\_\_  
, Probate Court Judge

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

RELEASE/SATISFACTION OF CLAIM

IN THE MATTER OF:

Lawrence Michael Joseph

(Decedent)

CASE NUMBER: 2014 ES 10 0321

Creditor:	<u>The Hospital</u>
Original Creditor:	<u>The Hospital</u>
Account Number:	<u>555-555</u>
Other Reference Number:	<u>n/a</u>
Original Claim Amount:	<u>\$5,000</u>

The undersigned hereby states the claim has been resolved as follows:

- ☒ Claim was satisfied in full  
☐ Claim was compromised to our satisfaction  
☐ Claim is withdrawn  
☐ Claim is released  
☐ Other \_\_\_\_\_

Executed this 7<sup>th</sup> day of July, 2014.

Creditor: The Hospital

Signature of  
Authorized Agent: Authorized Agent

Print Agent Name: Authorized Agent

\*Witness Signature: Wally Witness  
Print Name: Wally Witness

\*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

DEED OF DISTRIBUTION  
(Real Property Only)  
NOT A WARRANTY DEED

CASE NUMBER: 2014 ES 10 0321

The undersigned states as follows:

Decedent died on April 1, 2013; and probate of the Estate is being administered in the Probate Court for  
Charleston County, South Carolina, in File # 2014 ES 10 0321.

I/We was/were appointed Personal Representative (s) on 4/15/2013.

Decedent owned real property described as follows:

Tax Map Number: 65-42-4

Street/Property Address: 189 Tracy Street, Charleston, SC 29401

Legal Description:

*PLEASE CONSULT YOUR  
ATTORNEY FOR COMPLETION  
OF THE DEED OF DISTRIBUTION.*

☐ Additional sheet(s) for additional property(ies) is attached (check if applicable)

This transfer is made pursuant to:

- ☒ Decedent's Will  
☐ Intestacy Statute: SCPC 62-2-103  
☐ Private Family Agreement: SCPC 62-3-912  
☐ Disclaimer by: \_\_\_\_\_  
☐ Probate Court Order issued on \_\_\_\_\_  
☐ Other: \_\_\_\_\_



In accordance with the laws of the State of South Carolina, the Personal Representative(s) does/do hereby release all of the Personal Representative's(s') right, title and interest, including statutory and/or testamentary powers, over the real property described to the beneficiaries named below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

☐ Additional sheet(s) for names of additional beneficiaries is attached (check, if applicable)

IN WITNESS WHEREOF the undersigned, as Personal Representative(s) of the above Estate, has executed this Deed of Distribution, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNED, SEALED AND DELIVERED  
IN THE PRESENCE OF:

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness : \_\_\_\_\_

Print Name: \_\_\_\_\_

Estate of: \_\_\_\_\_

Signature of Personal  
Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_

If applicable,  
Signature of Co-Personal  
Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, a notary for the State of South Carolina do hereby certify that  
\_\_\_\_\_, as Personal Representative(s)  
of the Estate of \_\_\_\_\_, personally appeared before  
me this day and acknowledged the due execution of the foregoing Deed of Distribution.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

#### ACKNOWLEDGMENT

\_\_\_\_\_  
(Signature of Notary Public) (SEAL)

\_\_\_\_\_  
(Print name of Notary Public)

Notary Public for State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Note: It is recommended that an attorney prepare this document and determine if a title examination is necessary.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF Charleston

VERIFIED STATEMENT TO CLOSE ESTATE

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0321

The undersigned Personal Representative(s) of this Estate states:

1. To the best of the undersigned's knowledge, this estate qualifies for administration under SCPC 62-3-1203 because:
  - ☐ The value of the entire probate Estate of the Decedent as it appears on the Inventory and Appraisal, less liens and encumbrances, exempt property, costs, and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent does not exceed Twenty Five Thousand Dollars (\$25,000.00).
  - ☒ The appointed Personal Representative(s), individually or in his/her capacity of a fiduciary, is/are the sole devisee(s) under the probated Will of a testate Decedent or the sole heir(s) of an intestate Decedent.
2. The undersigned has/have published the Notice to Creditors pursuant to SCPC 62-3-801, if required.
3. The undersigned has/have fully administered this estate by disbursing and distributing it to the persons entitled thereto, filed an Inventory and Appraisal with the Court and paid all court fees.
4. The undersigned has/have sent a copy of this Verified Statement to all distributees of this Estate, and to all creditors or other claimants of whom the undersigned is/are aware and whose claims are neither paid nor barred, and the undersigned has/have furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected thereby, or the undersigned is the sole distributee.
5. There is no Order of the Court prohibiting the closing of this Estate, and this Estate is not being administered under Part 5.
6. There are no actions or proceedings involving the undersigned as Personal Representative of this Estate pending in any court.
7. This Statement is filed for the purpose of closing this Estate and terminating the appointment of the undersigned as Personal Representative(s). By law, this appointment will terminate one year after the date of the Decedent's death if no actions or proceedings involving the undersigned as Personal Representative(s) are then pending in any court.

Executed this 5 day of Jan., 2015.

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.

SWORN to before me this 5<sup>th</sup> day of January, 2015  
Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

Personal Representative

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com

Co-Personal Representative

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: \_\_\_\_\_

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

ACCOUNTING

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0321

☒ FINAL  
☐ INTERIM # \_\_\_\_\_

The undersigned Personal Representative(s) submits this accounting, which covers the period from April 15, 2013 through January 5, 2015.

The documentation on the following page(s) of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance from Inventory(ies) or prior Interim Accounting, if applicable	<u>40,000</u>
Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.)	<u>1,000</u>
Subtotal	<u>41,000</u>
Less: Disbursements and Distributions	<u>41,000</u>
Ending Balance	<u>- 0 -</u>

The Personal Representative(s) declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this 5<sup>th</sup> day of January, 2015  
Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston, SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFS@aol.com

Co-Personal Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

INVENTORY PROBATE ASSETS & RECEIPTS (probate assets received into estate)		DISBURSEMENTS & DISTRIBUTIONS (probate assets disbursed/paid out from estate)	
Dividends - ABC, Inc.	500	Funeral Home and Burial	\$20,000
Dividends - XYZ, Inc.	500	Hospital - Last Illness	\$ 5,000
		Can Help You, Esq. Attorney Fees	\$ 5,000
		Residuary Beneficiary Harriet Frances Joseph	\$11,000
TOTAL	1,000	TOTAL	41,000

COUNTY OF: Charleston

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

## PROPOSAL FOR DISTRIBUTION

CASE NUMBER: 2014 ES 10 0321

Executed this 5<sup>th</sup> day of January, 2015.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston, SC 29401

Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

RECEIPT

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0821

The undersigned hereby acknowledges receipt from the Personal Representative(s) in this matter of the following property:

Morris Island Brick

Executed this 25<sup>th</sup> day of December, 20 14.

Recipient Signature: Marion Ann Joseph

Print Name: Marion Ann Joseph

\*Witness

Signature: Wally Witness

Print Name: Wally Witness

\*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

RECEIPT AND RELEASE WITH WAIVER

CASE NUMBER: 2014 ES 10 0321

The undersigned hereby acknowledges receipt from the Personal Representative(s) in this matter of the following property:

Morris Island Brick  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the above listed distribution, the undersigned hereby releases and forever discharges the Personal Representative(s) and the Estate from any and all rights and claims, which the undersigned may have against the Personal Representative(s) and the Estate, and waives right to demand a hearing on all Accountings (if applicable), Proposals for Distribution (if applicable) and the Application for Settlement.

Executed this 25<sup>th</sup> day of December, 2014.

Recipient Signature: Marion Ann Joseph  
Print Name: Marion Ann Joseph

\*Witness  
Signature: Wally Witness  
Print Name: Wally Witness

\*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF Charleston

NOTICE OF RIGHT TO DEMAND HEARING

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0321

As an interested person in the above Estate, you are hereby notified that the documents necessary to close this Estate have been or are now being provided to you. These documents are the full Accounting (if applicable) for this Estate, the Proposal for Distribution (if applicable), and the Application for Settlement. The Personal Representative is required to file with the Court proof that these documents and this Notice have been sent to you.

From the date this proof is filed with the Court, YOU HAVE THIRTY (30) DAYS TO DEMAND IN WRITING A HEARING (use FORM 113ES) concerning any matter included in these closing documents.

If you do not file WITH THE COURT written demand for hearing (on FORM 113ES) within this time period, the Court may enter such orders on such conditions as may be requested and as the Court deems appropriate.

If you do file a written demand for hearing (use FORM 113ES) within this time period, a hearing date will be set, and Notice of Hearing will be sent to you.

The address of the Court is:

84 Broad Street, 3rd Floor  
Charleston, SC 29401

Executed this 5th day of January, 2015.

Personal Representative Signature:

Print Name:

Address:

Telephone (Work):

(Home):

(Cell):

Email:

Harriet Frances Joseph

Harriet Frances Joseph

189 Tracy Street

Charleston, SC 29401

(843) 999-8888

(843) 777-6666

(843) 555-1234

HFJ@aol.com

Co-Personal Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_



STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

PROOF OF DELIVERY

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0821

On the 5<sup>th</sup> day of January, 2015, I mailed or delivered the following document(s):

Accounting, Proposal for Distribution, Notice of Right to Demand Hearing, and Application for Settlement

- ☐ A copy of which is attached hereto and incorporated herein, or  
☒ The original of which is on file with the Court.

Delivery was accomplished by the following method (check appropriate box):

- ☐ personal delivery      ☒ ordinary first-class mail  
☐ certified mail      ☐ registered mail  
☐ commercial delivery      ☐ electronic message (Article 7, Trust matters only)

to each of the following persons at the address shown:

NAME	ADDRESS
<u>Lawrence M. Joseph, Jr.</u>	<u>100 Arctic Avenue, Folly Beach, SC 29465</u>
<u>Joanne K. Joseph</u>	<u>65 Sheldon Road, Naples, FL 33333</u>

SWORN to before me this 5<sup>th</sup> day of January, 2015

Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
E-mail: HFJ@aol.com  
Relationship to Decedent/Estate: Wife

STATE OF SOUTH CAROLINA )

IN THE PROBATE COURT

COUNTY OF: Charleston )

**WAIVER OF STATUTORY REQUIREMENTS  
AND BENEFICIARY RECEIPT/RELEASE**

IN THE MATTER OF: )  
Lawrence Michael Joseph )  
(Decedent) )

Harriet Frances Joseph )  
(Personal Representative/Successor) )

CASE NUMBER: 2014 ES 10 0321

I acknowledge that the South Carolina Probate Code requires the Personal Representative (or any Successor) to file a full accounting in writing of his/her administration of the above estate, a proposal for distribution of assets not yet distributed, and proof that a notice of right to demand hearing have been sent to all interested persons, unless waived pursuant to §62-3-1001(e).

This is to confirm that I voluntarily relieve the Personal Representative (or any Successor) from the statutory duty of filing and the statutory duty of providing copies to me of these closing documents and hereby waive these statutory requirements.

I acknowledge receipt from the Personal Representative of all assets which I am entitled to inherit.

Optional: List item(s) received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of my distribution, I release and forever discharge the Personal Representative and the Estate from any and all rights and claims which I have against the Estate.

Executed this 25<sup>th</sup> day of December, 2014.

Recipient Signature: Marion Ann Joseph  
Print Name: Marion Ann Joseph

SWORN to before me this 25<sup>th</sup>  
day of December, 2014

Nick Notary  
Notary Public for South Carolina  
My commission expires: 12/25/34

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF Charleston

APPLICATION FOR SETTLEMENT

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

CASE NUMBER: 2014 ES 10 0821

1. The undersigned as the Personal Representative(s) has/have collected and managed the assets of the Estate; has/have paid all lawful claims against the Estate; either has/have distributed assets or propose(s) to distribute as designated on the Proposal for Distribution; and has/have performed all other required acts pertaining to Estate of Decedent.
2. The Personal Representative(s) has/have filed:  
☒ Proof of Publication    ☐ No Publication required  
☒ Inventory and Appraisalment(s)  
☒ Proposal for Distribution for assets not yet distributed  
☒ Final Accounting    ☐ Accounting waived by all required parties  
☒ Proof of Delivery that all required documents have been sent to interested persons as required by law  
☒ All required tax returns (including final income tax return, fiduciary income tax return, Estate tax return) and any taxes due have been paid. If not, please explain:  
☒ Documents with IRS electing portability
3. The time period for submission of claims has expired.
4. I request that the Court issue Orders as appropriate together with such other Orders as the law may require and as the Court may deem applicable and proper.
5. I request that the Court (check all that apply)  
☐ A. Consider or approve the Personal Representative's Accounting and, if applicable, the Proposal for Distribution for assets not yet distributed.  
☐ B. Approve the distributions previously made and authorize the Personal Representative(s) to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for Distribution (FORM 410ES).  
☒ C. Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative's bond, if any.  
☐ D. (Other :) \_\_\_\_\_

Executed this 5<sup>th</sup> day of January, 2015.

SWORN to before me this 5<sup>th</sup> day of  
January, 2015

Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 10/15/2035

Personal  
Representative

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston, SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com

Co-Personal  
Representative

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: \_\_\_\_\_

STATE OF SOUTH CAROLINA

COUNTY OF: Charleston

IN THE MATTER OF:  
Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

APPLICATION FOR APPROVAL OF COMPROMISE

CASE NUMBER: 2014 ES 10 0321

The undersigned states as follows:

The attached agreement sets forth a compromise which is hereby submitted for the Court's approval pursuant to SCPC 62-3-1101 and 62-3-1102.

Executed this 5<sup>th</sup> day of January, 2015.

Signature: Harriet Frances Joseph

Print Name: Harriet Frances Joseph

Address: 189 Tracy Street  
Charleston SC 29401

Telephone (Work): (843) 999-8888

(Home): (843) 777-6666

(Cell): (843) 555-1234

Email: HFJ@aol.com

Relationship to Decedent/Estate: wife

ORDER

I find that the contest or controversy is ☐ IN GOOD FAITH ☐ NOT IN GOOD FAITH and the effect of the agreement upon interests of interested persons is ☐ JUST AND REASONABLE ☐ IS NOT JUST AND REASONABLE.

I hereby find this Agreement is:

- ☐ approved and direct the Personal Representative to execute the agreement  
☐ not approved  
☐ not approved and direct the parties file a formal proceeding

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, Probate Court Judge

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

\*PETITION FOR REVIEW:

☐ EMPLOYMENT  
☒ COMPENSATION

CASE NUMBER: 2014 ES 10 0321

Petitioner(s)

vs.

Respondent(s)

Petitioner hereby requests the Court's review of:

- ☐ the appropriateness of employing the persons named in the annexed schedule and the compensation for said persons as set forth therein.
- ☒ the reasonableness of the compensation of the persons, agents, and/or Personal Representative(s) as set forth in the annexed schedule.

These pleadings are being served on all interested persons as required by law.

Executed this 5 day of Jan., 20 15.

Signature: Harriet Frances Joseph

Print Name: Harriet Frances Joseph

Address: 189 Tracy Street  
Charleston, SC 29401

Telephone (Work): (843) 999-8888

(Home): (843) 777-6666

(Cell): (843) 555-1234

Email: HFI@aol.com

Relationship to Decedent/Estate: Wife

Attorney: Andy Attorney

Address: 123 Main Street  
Charleston, SC 29401

Telephone: (843) 555-0125

Email: attorney@aol.com

**\*NOTE: IF 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.**

#### ORDER

IT IS HEREBY ORDERED that the above petition is ☐ GRANTED ☐ DENIED as follows: \_\_\_\_\_.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_, Probate Court Judge

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:

Lawrence Michael Joseph  
(Decedent)

IN THE PROBATE COURT

CLOSING AGREEMENT

CASE NUMBER: 2014 ES 10 0821

TO THE HONORABLE \_\_\_\_\_ PROBATE JUDGE FOR \_\_\_\_\_ COUNTY:

The undersigned, being a beneficiary of the Estate of Lawrence Michael Joseph, (the "Decedent"), hereby acknowledges and agrees to the following:

1. I have received copies of the estate Inventory and Appraisement and all closing documents relative to the Estate.
2. I am familiar with the Estate of Lawrence Michael Joseph and am familiar with the assets the Decedent owned at the date of death and the expenditures made and the income or loss experienced by the Estate during the period of administration. I am satisfied that I am receiving in value what I am entitled to under that Last Will and Testament of the Decedent but in the aggregate; I am satisfied that I am receiving everything I am entitled to under the Decedent's Will.
3. I acknowledge I have the right to come before the Probate Judge and have a hearing as to the distribution of the assets of the Estate of the Decedent. I also acknowledge I have the right to ask questions of the Personal Representative and/or the Estate's attorney, if any. Since I am satisfied with what I have received, I hereby knowingly waive that right and ask the Court to expedite the closing of this Estate so the Personal Representative can be discharged and so that all beneficiaries can receive their share of the Estate.
4. I agree that a detailed review by the Probate Court of the Decedent's Estate file is not necessary to protect my interest in the Estate.

Dated this 5<sup>th</sup> day of Jan, 20 15.

SWORN to before me this 5<sup>th</sup> day of  
January, 20 15  
Nick Notary  
Notary Public for South Carolina  
My Commission Expires: 12/15/2035

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 999-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
E-mail: HFJ@aol.com  
Relationship to Decedent/Estate: wife

STATE OF SOUTH CAROLINA

COUNTY OF: Charleston

IN THE MATTER OF: Lawrence Michael Joseph

IN THE PROBATE COURT

**TERMINATION OF APPOINTMENT**

CASE NUMBER: 2014 ES 10 0321

The appointment of Harriet Frances Joseph, Personal Representative for the above estate is hereby terminated for the following reason(s):

☒ Satisfactory Completion of Assigned Duties

☐ Death

☐ Disability

☐ Voluntary Resignation

☐ Removal

☐ Change of Testacy Status

☐ Special Administrator

☐ Other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Probate Court Judge

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

IN THE MATTER OF:

Lawrence Michael Joseph

)  
)  
)  
)

IN THE PROBATE COURT

ORDER CLOSING ESTATE

CASE NUMBER: 2014 ES 10 0321

Harriet Frances Joseph  
(Personal Representative)

Upon consideration of the Application for Settlement, it appears to the Court that the allegations in the Application are true. All required notices have been given/waived. The asset(s) has/have been administered according to the laws of South Carolina.

The final closing documents have been considered and/or waived.

The Personal Representative(s) in the above estate appear(s) to have completed the administration, and the appointment is hereby terminated.

It is appropriate that the sureties on the bond, if any, in this estate be released. If applicable, the security instrument recorded in the Office of the Clerk of Court (or ROD) in Book N/A, at Page N/A, shall be and is hereby released, and cancellation of said instrument is authorized.

Therefore, the estate is closed.

**IT IS SO ORDERED.**

Executed this 5 day of October, 2023.



Irvin G. Condon, Probate Court Judge  
Lenna S. Kirchner, Associate Judge  
Peter A. Kouten, Associate Judge  
David L. Michel, Associate Judge



STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF: Charleston )  
 )  
IN THE MATTER OF: )  
Lawrence Michael Joseph )  
(Decedent) )

IN THE PROBATE COURT

APPLICATION/\*PETITION FOR  
SUBSEQUENT ADMINISTRATION

CASE NUMBER: 2014 ES 10 0321

**\*ONLY COMPLETE THIS SECTION IF FILING  
PETITION FOR SUBSEQUENT ADMINISTRATION**

\* \_\_\_\_\_  
Petitioner(s)  
vs.  
\* \_\_\_\_\_  
Respondent(s)

☒ **INFORMAL**

☐ **\*FORMAL**

The undersigned states as follows:

1. Subsequent administration of the above Estate is needed because:

☒ The following additional property in the above estate has been discovered. A description of the property and its approximate value at the date of Decedent's death is:

mesothelioma settlement, \$10,000

☐ Other reason: \_\_\_\_\_

2. ☒ I served as Personal Representative under the previous administration and fiduciary bond requirement:

- ☐ was waived by Decedent's Will
- ☒ was waived pursuant to the filing of Waivers of Bond
- ☐ was waived by the Court
- ☐ was required and an appropriate bond is attached

☐ I did not serve as Personal Representative under the previous administration; my priority for this appointment is:

- ☐ named as Primary Personal Representative in Will
- ☐ named as Alternate Personal Representative in Will
- ☐ nominee of above Primary Personal Representative in Will
- ☐ nominee of above 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): \_\_\_\_\_
- ☐ creditor (Forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, Form 371ES, is attached
- ☐ other (describe): \_\_\_\_\_

**\*NOTE: IF THIS IS A FORMAL PROCEEDING, 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.**

### 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 hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this 14<sup>th</sup> day of March, 2018

Nick Notary

Notary Public for South Carolina

My Commission Expires: 12/15/2035

Signature: Harriet Frances Joseph

Print Name: Harriet Frances Joseph

Address: 189 Tracy Street

Charleston SC 29401

Telephone (Work): (843) 999-8888

(Home): (843) 777-6666

(Cell): (843) 555-1234

Email: HFE@aol.com

Relationship to Decedent/Estate: Wife

### ORDER FOR HEARING

IT IS HEREBY ORDERED that a hearing on this matter be set for:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PLACE: \_\_\_\_\_

Pursuant to SCPC 62-1-401, Petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Probate Court Judge

### ORDER FOR SUBSEQUENT ADMINISTRATION

IT IS HEREBY ORDERED that \_\_\_\_\_ be appointed  
Personal Representative to administer property not previously administered as indicated in the above application/petition.

☐ Bond previously waived

☐ Previous bond waivers on file

☐ Other: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Probate Court Judge

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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 and to submit to the Court's jurisdiction in this matter.

Signature: Harriet Frances Joseph  
Print Name: Harriet Frances Joseph  
Address: 189 Tracy Street  
Charleston SC 29401  
Telephone (Work): (843) 949-8888  
(Home): (843) 777-6666  
(Cell): (843) 555-1234  
Email: HFJ@aol.com

Attorney: Andy Attorney  
Address: 123 Main Street  
Charleston SC 29401  
Telephone: (843) 555-0125  
Email: attorney@aol.com