STATE OF SOUTH CAROLINA			) IN THE PROBATE COURT				
COUNTY OF: IN THE MATTER OF: (Decedent)							
		<ul> <li>AFFIDAVIT FOR COLLEC</li> <li>PURSUANT TO SM</li> <li>CASE NUMBER:</li> </ul>	ALL ESTATE PROCEED	EEDING			
Th	ne undersigned states as follows:						
1.	Decedent's Information:						
(in	Date of Death:						
2.	<ul> <li>Decedent was domiciled in t</li> <li>Address:</li> <li>County:</li> <li>Decedent was not domiciled</li> <li>of death at:</li> <li>Address:</li> </ul>	edent was located in this o	county at date				
		ess of a nursing	State: South Carolina. home, prison, or other residentia				
3.	More than thirty (30) days have p	bassed since the	Decedent's death.				
4.	No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.						
5.	Decedent and in the possession	Decedent, and to n of another, and Decedent in the	ne successor(s) named herein is/a o the delivery of all probate tan d to the delivery of all instrument following proportions. Names and	gible personal property t s evidencing a debt, obli	belonging to the gation, stock, or		
	Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount		

See attached sheets for additional successors (check if applicable)

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

6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five Thousand Dollars (\$25,000.00) and does not include any interest in real property as indicated below:

Bank account	\$	E	Bank Name:		Type of Accoun	t:
Stock	\$	(	Company Name:		# of shares:	
Unclaimed Property		F	From:			
Motor Vehicle :	\$	١	VIN:	YR/MAKE	:	MODEL:
Mobile Home:	\$	١	VIN:	YR/MAKE	:	MODEL:
Boat/Motor/Trailer:	\$	١	VIN:	YR/MAKE	:	MODEL:
Life Insurance to estate: Other Property (specify):		(	Company Name:			

LIENS/ENCUMBRANCES against above assets (attach proof of encumbrance): \$ \_\_\_\_\_\_

See attached sheet for additional assets/ encumbrances (check if applicable)

## VERIFICATION

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

SWORN to before me this	_ day of Affiant Signature:	
, 20	Print Name:	
	Address:	
Notary Public for South Carolina	Telephone (Work):	
My Commission Expires:	(Home):	
	(Cell):	
	E-mail:	
Re	lationship to Decedent/Estate:	

## ORDER FOR PAYMENT OR DELIVERY

It appears from the foregoing affidavit, the original of which is on file with the Probate Court of this county, that payment or delivery of the property described herein should be made as follows:

Name of Successor(s)	Address	Relationship	Percentage Interest/ Amount
Upon issuance of this Order, this matter is			
IT IS SO ORDERED this day of _	, 20		
		, Probate	Court Judge

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