

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

IN THE PROBATE COURT

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY  
 PURSUANT TO SMALL ESTATE PROCEEDING**

CASE NUMBER: \_\_\_\_\_

The undersigned states as follows:

1. Decedent's Information:

Full Legal Name  
 (include all known names): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Age at date of Death: \_\_\_\_\_

2.  Decedent was domiciled in this county at date of death:

Address: \_\_\_\_\_  
 County: \_\_\_\_\_ State: South Carolina.

Decedent was not domiciled in **South Carolina**, but probate property of Decedent was located in this county at date of death at:

Address: \_\_\_\_\_  
 County: \_\_\_\_\_ State: South Carolina.

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 the facility: \_\_\_\_\_

3. More than thirty (30) days have passed 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. This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:

Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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	\$	Bank Name:	Type of Account:	
Stock	\$	Company Name:	# of shares:	
Unclaimed Property	\$	From:		
Motor Vehicle :	\$	VIN:	MAKE:	MODEL:
Boat/Motor/Trailer:	\$	VIN:	MAKE:	MODEL:
Life Insurance to estate:	\$	Company Name:		
Other Property (specify):	\$			

(attach proof of encumbrance)

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

(attach additional sheets if necessary)

**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 \_\_\_\_\_, 20 \_\_\_\_\_

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

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

Telephone (Work): \_\_\_\_\_  
 (Home): \_\_\_\_\_  
 (Cell): \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Relationship to Decedent/Estate: \_\_\_\_\_

**ORDER FOR PAYMENT OR DELIVERY**

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

Name of Successor(s)	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon issuance of this Order, this matter is hereby closed.

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.**