



**The Honorable Jesse S. Cartrette, Jr**  
**The Probate Court of Florence County**

Michelle E. Hackman  
 Associate Judge

**FLORENCE COUNTY PROBATE COURT**  
**181 N. IRBY STREET, SUITE 1300**  
**FLORENCE, SC 29501**  
**Telephone: (843) 665-3085**

We understand that this is a very sad and emotional time. We are committed to making the Probate process as easy on you and your family as we can.

Our job is to help you report information and transfer assets correctly. **We cannot give legal advice.**

To begin the process, please complete the **Application for Informal Probate of Will /Appointment** which is attached. Please follow the checklist below for other **necessary documents**. Mail or drop off the **completed** documents to our office. We will review the documents and you will be contacted to schedule an opening appointment.

_____	Application Form 300ES (Must be completed in full)
_____	Original Will and Original Codicils and Memorandums (If available)
_____	Certified Death Certificate
_____	Renunciation of Right to Administration and/or Nomination (If applicable) if the primary person named in the Will is not going to serve or if the person with priority in an estate without a will (intestate estate) is not going to serve, then these forms are required to be filed before an appointment can be scheduled.
_____	Obituary or Funeral Program
_____	Paid Funeral Bill or balance remaining (itemized & notarized)
_____	Deeds (House or Land)
_____	Titles (Mobile Home, boats, vehicles, etc.)
_____	Bank Statement (If available)

**Court Cost**                      **Please make all checks payable to Probate Court**

\_\_\_\_\_ \$80.00 – Community Times

\_\_\_\_\_ \$125.00 – Morning News

\_\_\_\_\_ \$45.00 – Decedent who has been deceased for more than (1) year but less than ten (10) years.

**NOTICE: IF THE DECEDENT HAS BEEN DECEASED FOR MORE THAN 10 YEARS AND THEY HAVE REAL PROPERTY, YOU MUST SEEK THE ADVICE OF AN ATTORNEY.**



**FLORENCE COUNTY PROBATE COURT**  
**The Honorable Jesse S. Cartrette, Jr.**  
**Probate Court Judge**  
**181 N. Irby Street, Suite 1300**  
**Florence, SC 29501**  
**843-665-3085**



## Probate Worksheet

(Print or Type Only)

### Applicant's Information (Person applying to be Personal Representative)

<b>Print Full Legal Name:</b>			
<b>Physical Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Mailing address (if different than above):	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>List all Telephone Numbers</b>	Work: ( ) ____ - ____	Home: ( ) ____ - ____	Cell: ( ) ____ - ____
<b>Email:</b>			
<b>Relationship to Decedent:</b>			

### Decedent's Information

Full Legal Name	
Address	
Did the Decedent go by any other names?	

Was the Decedent legally married at the time of death?    \_\_\_ Yes    OR    \_\_\_ No

If yes, name of spouse if not listed above. \_\_\_\_\_

Date: \_\_\_\_\_

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

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

IN THE PROBATE COURT  
AFFIDAVIT OF  
PERSONAL REPRESENTATIVE  
CASE NUMBER \_\_\_\_\_ - ES - 21 - \_\_\_\_\_

I, \_\_\_\_\_ understand and agree to the following:

1. I am required to keep the Court informed about any change of address, phone number or email address;
2. The assets and monies in the Estate are only to be used to pay the debts and obligations of the Estate in the proper order and priority;
3. I am to deposit the Decedent's monies into an Estate account;
4. I am not to use the Estate assets or monies for my personal debts or obligations;
5. I am not to use Estate assets or monies for the debts or obligations of any heirs or devisees;
6. I cannot sell tangible personal property owned by the decedent that has a value over \$10,000 without the authority to do so granted to me in the decedent's will or a court order giving me this specific authority;
7. I cannot sell real property owned by the decedent without the authority to do so granted to me in the Decedent's Will or a Court Order giving me this specific authority;
8. I must resolve the debts of the Estate before I make any distributions to the heirs or devisees of the Estate;
9. I understand that if a claim is filed against the estate, I must respond to the creditor within sixty (60) days after the presentment of the claim, or within fourteen months after the death of the decedent, whichever is later, stating the claim has been allowed or disallowed in whole or in part; and
10. I will personally liable to any beneficiary or other person(s) having an interest in the Estate for any negligence and/or intentional misconduct in the performance of my duties as Personal Representative.
11. I hereby affirm all individual that are heirs and devisees of the estate are listed on the Application for Probate.
12. I understand that any violation of the above items can cause removal of being the PR and possible contempt of court and/or prosecution for violating my oath as PR of the Estate.

I am providing the Probate Court with written Agreements signed by all known beneficiaries and other persons having an interest in the Estate if Waiver of Bond or Renunciations of Right to Administration and/or Nomination and/or Waiver of Bond is required.

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

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

Signature: \_\_\_\_\_

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

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

Notary Public for South Carolina

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

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

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

IN THE PROBATE COURT

CASE NUMBER: \_\_\_\_\_ ES-21 \_\_\_\_\_

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

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

**APPLICATION FOR INFORMAL**

(check any that apply)

- PROBATE OF WILL  
 APPOINTMENT

**\*PETITION FOR FORMAL**

- TESTACY  
 APPOINTMENT

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

**\*NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO THIS FORM PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC), AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

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

2. Decedent Information:

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

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

- Decedent was domiciled in this County at date of death:  
Address: \_\_\_\_\_ County: Florence 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

NO  YES If yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

9. Have you received or are you aware of any Demands for Notice (FORM #111ES) 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: \_\_\_\_\_  
\_\_\_\_\_

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

NO  YES If yes, please state circumstances authorizing tardy probate: \_\_\_\_\_

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

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

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

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

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

NO  YES If yes, please provide the name of the civil litigation attorney: \_\_\_\_\_

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

NO  YES If yes, please state the circumstances and name of attorney: \_\_\_\_\_

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: \_\_\_\_\_

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

YES

NO If no, please explain: \_\_\_\_\_

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

1. Regarding the Decedent's Will:

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

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

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

NO  YES If yes, attach hereto.

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

YES  NO If no, please explain: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

**VERIFICATION**

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

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

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

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

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

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

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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 \_\_\_\_\_ and

Codicil executed \_\_\_\_\_ and

Memorandum

be informally  GRANTED  DENIED.

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

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JESSE S. CARTRETTE, JR., 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 \_\_\_\_\_, 20\_\_.

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JESSE S. CARTRETTE, JR., 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: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

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

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

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

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

IN THE PROBATE COURT

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

CASE NUMBER: \_\_\_\_-ES-21\_\_\_\_

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

The undersigned hereby (check all that apply):

- renounces his/her right to serve as Personal Representative of the above-captioned estate.
  
- renounces his/her right to serve as Personal Representative of the above-captioned estate so long as the following nominee serves as Personal Representative:  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
  
- agrees to waive bond for the person(s) nominated above.

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

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

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

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Decedent/Estate: \_\_\_\_\_