

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GREENVILLE)
)
 IN THE MATTER OF:)
)
 _____)
 (Decedent))

IN THE PROBATE COURT

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

CASE NUMBER: _____

INTESTATE (WITHOUT A WILL)
 TESTATE (SEE INFORMAL ORDER OF PROBATE)

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: Greenville; 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: Greenville; State: South Carolina.

If the above address is the address of a nursing home, a 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: devisees or heirs) are:

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

See attached sheet(s) for additional successors (check if applicable).

(*For this purpose, successors include any persons(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(s)	\$ _____	Bank Name: _____	Type of Account: _____
	\$ _____	Bank Name: _____	Type of Account: _____
Stock(s)	\$ _____	Company Name: _____	# of Shares: _____
	\$ _____	Company Name: _____	# of Shares: _____
Motor Vehicle(s)	\$ _____	Year/Make/Model: _____	VIN: _____
	\$ _____	Year/Make/Model: _____	VIN: _____
Mobile Home(s)	\$ _____	Year/Make/Model: _____	VIN: _____
	\$ _____	Year/Make/Model: _____	VIN: _____
Boat/Motor/Trailer	\$ _____	Year/Make/Model: _____	VIN: _____
	\$ _____	Year/Make/Model: _____	VIN: _____
	\$ _____	Year/Make/Model: _____	VIN: _____
Unclaimed Property	\$ _____	From: _____	
	\$ _____	From: _____	
Life Insurance (payable to Estate)	\$ _____	Company Name: _____	Policy Number: _____
Other:	\$ _____	_____	
	\$ _____	_____	
TOTAL VALUE: \$ _____			

LIENS/ENCUMBRANCES against above assets (attach proof of encumbrances):

\$ _____	Lienholder: _____
\$ _____	Lienholder: _____
TOTAL LIENS: \$ _____	
NET VALUE: \$ _____	

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

VERIFICATION

The undersigned affiant, 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 _____	Affiant Signature: _____
	Print Name: _____
	Address: _____

Notary Public for South Carolina	Telephone (Work): _____
My Commission Expires: _____	(Home): _____
	(Cell): _____
	E-mail: _____
	Relationship to Decedent/Estate: _____

COURT USE ONLY	
Received _____	_____
\$ _____ Court Cost Paid _____	JA _____