STATE OF SOUTH CAROLINA COUNTY OF:) IN THE PROBATE COURT							
))) AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY							
IN THE MATTER OF: (Decedent)) PURSUANT TO SMAL)) CASE NUMBER:		ESTATE PROCEEDING						
•	,)							
Ιh	e undersigned states as follows:									
1.	Decedent's Information:									
(in	Date of Birth: Date of Death:									
2.	Decedent was domiciled in Address:									
	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.							
2	the Decedent prior to entering	the facility:	home, prison, or other residential fac							
3.	More than thirty (30) days have									
4.	No Application or Petition for jurisdiction.	the appointment	of a Personal Representative is p	pending or has been	granted in any					
5. This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of a money due and owing to the Decedent, and to the delivery of all probate tangible personal property belon Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligatio chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's (Example: heirs or devisees) are:										
	Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount					
	See attached sheets for ac	Iditional successo	rs (check if applicable)							

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

Bank account	\$	Bank	Name:	Typ	e of Account:	
Stock	\$		pany Name:		shares:	
Jnclaimed Property	\$	From		•		
Motor Vehicle :	\$	VIN:		YR/MAKE:	MODE	EL:
Boat/Motor/Trailer:	\$	VIN:		YR/MAKE:	MODE	
Mobile Home:	\$	VIN:		YR/MAKE:	MODE	EL:
ife Insurance to estate:	\$	Com	pany Name:			
Other Property (specify):	\$					
LIENS/ENCUMBRANCE		·	·	,		
			VERIFICATION			
The undersigned, being undersigned's knowledge,						
SWORN to before me this	S	day of	Signature:			
	, 20		Print Name:			
lotary Public for South C	arolina	Т	elephone (Work):			
My Commission Expires:			(Home):			
			(Cell):			
			E-mail:			
	R	elationship to	Decedent/Estate:			
	R		Decedent/Estate:			
t appears from the forego delivery of the property de collect the personal prope	oing affidavi	ORDEF	R FOR PAYMENT OR of which is on file with made as follows: PE	DELIVERY the Probate Cour	t of this county, tha 5. The above signe	t payment or ed affiant is to
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The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five

Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent. Form #420ES (1/2016)