STATE OF SOUTH CAROLINA) IN THE PROBATE COURT				
COUNTY OF:)				
IN THE MATTER OF:		AFFIDAVIT FOR COLLECTION OF PERSONAL PURSUANT TO SMALL ESTATE PROCEN CASE NUMBER:		EDING		
(Decedent))				
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 the Address: County: Decedent was not domiciled in of death at: 	is county at da n South Carol	ate of death: State: South Carolina lina, but probate property of I	a. Decedent was located in this			
Address: County:		State: South Carolina	a.			
If the above address is the addrest the Decedent prior to entering the	s of a nursing	home, prison, or other reside	ential facility, please give the l			
3. More than thirty (30) days have pa	ssed since the	e Decedent's death.				
4. No Application or Petition for the jurisdiction.	e appointment	t of a Personal Representat	tive is pending or has been	granted in any		
5. This affidavit is pursuant to SCPC money due and owing to the De Decedent and in the possession chose in action belonging to the D (Example: heirs or devisees) are:	ecedent, and to	to the delivery of all probate ind to the delivery of all instru	e tangible personal property ments evidencing a debt, obl	belonging to the igation, 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	\$	Bank Name:		Type of Account:	
Stock	\$	Company Name:		# of shares:	
Unclaimed Property	\$	From:			
Motor Vehicle :	\$	VIN:	YR/MAKE	:	MODEL:
Mobile Home:	\$	VIN:	YR/MAKE	:	MODEL:
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE	:	MODEL:
Life Insurance to estate:	\$	Company Name:			
Other Property (specify):	\$				

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 h	ereby closed.		
IT IS SO ORDERED this day of	, 20		
		, Probate	Court Judge