|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
| EX PARTE: | ) |  |
| Guardian/Applicant, | ) |  |
|  | ) | PROBATE COURT USE ONLY |
| IN THE MATTER OF: | )  ) | IN THE PROBATE COURT |
| , | )  ) | CASE NUMBER      -GC-     - |
| a ward. | ) | **APPLICATION FOR USE OF DECEASED WARD’S FUNDS** |

Applicant was the appointed Guardian for the Ward. Ward died on       (date), and there is no conservator. The following proof of death is attached:

|  |  |  |
| --- | --- | --- |
| Certified death certificate |  | . |
| Obituary  Other proof of death (specify): | | |

Ward has total cash assets of $     . Account information is set forth below.

Account (Bank, Last 4 digits of account):

Current Balance: $

Applicant seeks Court approval to use the Ward’s funds for final disposition of the Ward’s remains as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Payee of Requested Funds |  | Item/Service |  | Cost |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**Documentation supporting each requested expenditure is attached.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | |  |  |

**ORDER**

|  |  |  |  |
| --- | --- | --- | --- |
| Upon the Court’s consideration of the Application and a determination that the requested expenditure(s) is/are appropriate, **IT IS ORDERED** that the Applicant may use $      from the account(s) listed above for the purpose(s) stated in the Application. | | | |
| **Applicant shall file an accounting of funds used for purposes set forth herein, along with receipts for all expenditures, within ten (10) days from the date of this Order (Form #555GC). Applicant shall send a copy of the accounting to the last known address of the person nominated as Personal Representative in the Ward’s Will; or, if a Will cannot be located after reasonable effort, to at least one of the Ward’s closest adult relatives at his or her last known address. Applicant shall file a Proof of Delivery (Form #120PC) setting forth the identity and address of the person(s) to whom the accounting was sent, along with the date and method of delivery.** | | | |
| Given under my hand and seal this      day of      , 20     . | |
|  | | |
| , Probate Judge | | |