| 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   |
| EX PARTE: Guardian/Applicant,  IN THE MATTER OF:  a ward.  APPLICATI  Applicant was the appointed Guardian for the Ward. Ward died on collowing proof of death is attached:  Certified death certificate Obituary Other proof of death (specify):  Vard has total cash assets of \$ Account information is set forth account (Bank, Last 4 digits of account):  Applicant seeks Court approval to use the Ward's funds for final dispose  Applicant seeks Court approval to use the Ward's funds for final dispose  Payee of Requested Funds  SWORN to before me this  Print Name:  Preferred T | ard died on (date), and there is no conservator. The   |
| Obituary  |  |
|   | ation in out fouth halour  |
| ward has total cash assets of \$ Account information Account (Bank, Last 4 digits of account):<br>Current Balance: \$   | ation is set forth below.  |
| Applicant seeks Court approval to use the Ward's funds  | s for final disposition of the Ward's remains as follows:  |
|   |  |
| 1   |  |
|   |  |
| 2   |  |
| 3   |  |
| Documentation supporting each requested expend  | liture is attached.  |
| SWORN to before me this day of  | Signature:   |
| , 20 .  | Print Name:Address:  |
|   |  |
| Print Name:<br>Notary Public for:   | Proforred Tolonhone  |
| (State)   | Socondary Tolophono:   |
| ,   | Secondary Telephone: Email:  |
| My Commission Expires: (Date)   | Secondary Telephone:   |
| My Commission Expires:  | Secondary Telephone:   |
| My Commission Expires: (Date)  Upon the Court's consideration of the Application  | Secondary Telephone: Email:  |
| Upon the Court's consideration of the Application appropriate, IT IS ORDERED that the Applicant may stated in the Application.  Applicant shall file an accounting of funds used expenditures, within ten (10) days from the date of accounting to the last known address of the persoor, if a Will cannot be located after reasonable effort or her last known address. Applicant shall file a Formula in the control of the last known address.   | Secondary Telephone:  Email:  ORDER  and a determination that the requested expenditure(s) is/are  |
| Upon the Court's consideration of the Application appropriate, IT IS ORDERED that the Applicant may stated in the Application.  Applicant shall file an accounting of funds used expenditures, within ten (10) days from the date of accounting to the last known address of the persoor, if a Will cannot be located after reasonable effort or her last known address. Applicant shall file a Positive Country of the country of the last known address.  | ORDER and a determination that the requested expenditure(s) is/are use \$ from the account(s) listed above for the purpose(s)  If for purposes set forth herein, along with receipts for all this Order (Form #555GC). Applicant shall send a copy of the on nominated as Personal Representative in the Ward's Will; ort, to at least one of the Ward's closest adult relatives at his Proof of Delivery (Form #120PC) setting forth the identity and was sent, along with the date and method of delivery. |