STATE OF SOUTH CAROLINA	)
COUNTY OF <u>HORRY</u>	)
IN THE MATTER OF:	)
Decedent Alleged Incapacitated Individual Minor Other:	) A PROBATE COURT USE ONLY A
	) IN THE PROBATE COURT )
,	) ) CASE NUMBERES-26
Petitioner(s), vs.	) ) SUMMONS )
Respondent(s).*	) )
*For Guardianship/Conservatorship matters, you must include	e the alleged incapacitated individual as a Respondent.
TO THE RESPONDENT(S) LISTED ABOVE:	
YOU ARE HEREBY SUMMONED and required to Answer th	e Petition in this action, a copy of which is herewith served
upon you, and to serve a copy of your Answer upon the Petiti	
Please Type or Print.	
(Name of Petitioner/Attorney for Petitioner)	
(Street Address or Mailing Address)	
(City, State, and Zip Code)	
Your Answer must be served on the Petitioner at the above a	address within thirty (30) days after the service of this
Summons and Petition upon you, exclusive of the day of such	h service; and if you fail to answer the Petition within that
time, judgment by default will be rendered against you for the	relief demanded in the Petition.
Sign	nature of Petitioner(s)/Attorney for Petitioner(s)
Date:	