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| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )  ) | CASE NUMBER      -GC-     - |
|  | ) |  |
|  | ) | **NOTICE OF CORRECTION** |

**THIS FORM CANNOT BE USED TO ADD OR DELETE**

**INTERESTED PERSONS ON A PETITION, APPLICATION,**

**OR PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected:

Correction(s) to be made:

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| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | | Relationship to the Protected Person/Ward: |  |

**NOTE: Use of this form is limited to correcting minor clerical errors.**