STATE OF SOUT	TH CAROLINA)
COUNTY OF HO))RRY
IN THE MATTER , a ward.	ROF: PROBATE COURT USE ONLY
Applicant:	
What is your relation	onship to the proceeding?
□ Ward □	Guardian 🗌 Conservator 🗌 Interested Person 🗌 Other:
RELIEF SOUGHT	(check all that apply)
□ 1.	Termination/Discharge of the Guardian because (check all that apply):
	 Ward died on
2.	Other requested relief pursuant to S.C. Code Ann. § 62-5-307
	a. Describe the relief you are requesting.
	b. Why is the requested relief necessary?

NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.

The Court may approve or deny the application without notice, require notice to such persons as the Court directs, or may require the commencement of a formal proceeding pursuant to S.C. Code Ann. § 62-5-428(B). By filing this document, the Applicant is personally submitting to the jurisdiction of this Court.

Executed this _____ day of _____, 20____.

Signature: Print Name: Address:	
Preferred Telephone: Secondary Telephone: Email: Relationship to the Protected Person:	
Attorney Signature: Print Name: Firm Name: Bar Number: Address:	
Telephone: Attorney for:	