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

THIS FORM CANNOT BE USED TO ADD OR DELETE INTERESTED PERSONS ON A PETITION, APPLICATION, OR PLEADING

Please correct the error(s) in the	e following documer	nt(s):	
Document to be corrected:	<u> </u>		
Correction(s) to be made:	<u> </u>		
Document to be corrected:	<u> </u>		
Correction(s) to be made:	_		
	Executed this	day of , 20 .	
Exec	cuted this day	of , 20 .	
SWORN to before me this ,	day of	Signature: Print Name: Address:	
Print Name: Notary Public for:	(State)	Preferred Telephone: Secondary Telephone: Email:	
My Commission Expires:	(Date)	Relationship to the Protected Person/Ward:	

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