STATE OF SOUTH CAROLINA			) IN THE PROBATE COURT						
CC	OUNTY OF: HORRY	) ) )	AFFIDAVIT FOR COLLECTION O						
IN THE MATTER OF:		) ) )	PURSUANT TO SMALL EST CASE NUMBER:	FATE PROCEEDING					
(De	ecedent)	)							
Th	e undersigned states as follows:								
1.	Decedent's Information:								
(in	Date of Death:								
2.	□ Decedent was domiciled in this county at date of death:  Address: County State: South Carolina.  □ Decedent was not domiciled in <b>South Carolina</b> , but probate property of Decedent was located in this county at date of death at:  Address: County State: South Carolina								
	If the above address is the address of a nursing home, prison, or other residential facility, please give the last address of the Decedent prior to entering the facility:								
3.	More than thirty (30) days have passed s	since the D	ecedent's death.						
4.	No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.								
5.	This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:								
	Name of Successor* Yea		Address	Relationship	Percentage Interest/ Amount				
			·						
	☐ See attached sheets for additional s	successors	s (check if applicable)						

(\*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

Bank account	\$	i		Type of Account:		
Stock	\$	Company Name:		# of shares:		
nclaimed Property \$		From:		<u></u>		
Motor Vehicle:	\$	VIN: YR/MAKE			DEL:	
Mobile Home:	\$	VIN:	YR/MAKE:		DEL:	
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE:	MC	DEL:	
Life Insurance to estate:	\$	Company Name:				
Other Property (specify):	\$					
LIENS/ENCUMBRANCES	S against above	assets (attach proof of encum	ıbrance): \$	<u> </u>		
☐ See attached sheet for	or additional asse	ets/ encumbrances (check if a	pplicable)			
		VERIFICATION				
		That the facts set forth in the belief; and the undersigned he				
SWORN to before me this		ay of Affiant Signature:				
	, 20	Print Name:				
		Addross:				
Nataria Dishila fan Casath O	!:	Talanhana (Mada)				
Notary Public for South C My Commission Expires:		Telephone (Work):				
wy Commission Expires.		(Florite)				
	Relatio	nship to Decedent/Estate:				
	rtolatio					
		ORDER FOR PAYMENT OR	DELIVERY			
It appears from the forego delivery of the property de		original of which is on file with	the Probate Cou	ırt of this county, th	at payment or	
delivery of the property de	scribed rierein si	iodid be made as follows.				
Name of Succes	sor(s)	Address		Relationship	Percentage Interest/ Amount	
Upon issuance of this Ord	er, this matter is	hereby closed. IT IS SO ORD	ERED this	day of , 20		
			n Beverly, Jr., P	robate Judge		
			•	•		
				Chief Assoc. Prob	_	
		Angela	D. Harrison, As	soc. Probate Judg	e	

The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five

Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent.

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