

**FOR USE WITH A FORMAL PETITION ONLY**

STATE OF SOUTH CAROLINA )

COUNTY OF HORRY, )

IN THE MATTER OF: )

\_\_\_\_\_, )  
 Decedent     Alleged Incapacitated Individual )  
 Minor         Other: \_\_\_\_\_ )

▲    PROBATE COURT USE ONLY    ▲

IN THE PROBATE COURT

\_\_\_\_\_, )  
Petitioner(s), )

CASE NUMBER        -GC-26-

vs. )

\_\_\_\_\_, )  
Respondent(s).\* )

**SUMMONS**

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*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 address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such 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.

\_\_\_\_\_  
Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_  
c. Tax Map Sheet Number (TMS#) / Deed Book and Page: \_\_\_\_\_

4. The tax assessed value of the real property is: \$\_\_\_\_\_. This value is based upon the most recent assessor's statement. The assessor's statement may be required by the Court.
5. The fair market value of the real property is: \$\_\_\_\_\_. This value is based upon the opinion of a real estate agent based upon a comparative market analysis or the opinion of a real estate appraiser based upon an appraisal. The comparative market analysis or the appraisal may be required by the Court.
6. Are there any mortgages, lines of credit, or other encumbrances affecting the real estate?  YES  NO  
If yes, list below the type of encumbrance, current amount owed, and to whom it is owed.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_