STATE OF SOUTH CAROLINA	ROLINA) IN THE PROBATE COURT	
COUNTY OF: HORRY		
IN THE MATTER OF:) CASE NUMBER: 20ES-26-0	
(Decedent))	
*COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT		
* Petitioner(s) vs.		
* , Respondent(s)		
APPLICATION FOR INFORMAL (check an PROBATE OF WILL APPOINTMENT	y that apply) *PETITION FOR FORMAL TESTACY APPOINTMENT	
If this is a formal filing, please explain on page 4 or attach	pleadings pursuant to SC Rules of Civil Procedure.	
*NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDIT A SUMMONS (FORM SCCA 401PC), AND PAY THE STAPROBATE COURT ON THE PETITION MAY BE REQUIR 1. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS S 1. Applicant/Petitioner(s):	ATUTORY FILING FEE OF \$150.00. A HEARING IN THE RED. ECTION.	
Address:		
(Cell):		
Deletienship to Decedent		
2. Decedent Information:		
Full Legal Name (including all known names): Date of Birth:		
Date of Dooth		
Assault Data of Dantle		
3. Venue for this proceeding is proper in this County because	:	
 Decedent was domiciled in this County at date of death: Address: County: State: South Carolina. Decedent was not domiciled in South Carolina, but prope at date of death at: Address: County: State: South Carolina Decedent has a right to take legal action in this County bed 		
If the above address is the address of a nursing home, pris	son, or other residential facility, please give the last address	

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of the Decedent prior to entering a facility:

Full Legal Name Year of Birth Full Address **Email Address** Relationship (including all known names) to Decedent See attached for additional devisees (check if applicable). Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will). 4(b). Full Legal Name Year of Birth Full Address **Email Address** Relationship to Decedent (including all known names) See attached for additional intestate heirs (check if applicable). Did all of the above persons survive one hundred and twenty (120) hours since the death of Decedent? 4(c). ☐ YES ☐ NO If no, please explain on page 4. 5. Did Decedent have any change of marital status or the birth or adoption of any children after execution of this Will, if one exists, or has any child of the Decedent been born since his/her death, or is any birth of a child of the Decedent anticipated? (This includes illegitimate children.) ☐ NO ☐ YES If yes, please explain, on page 4. To the best of your knowledge, was the Decedent a patient in a non-private State of South Carolina mental health facility during his/her lifetime? ☐ NO ☐ YES If yes, please explain, on page 4. 7. Has a Guardian or Conservator ever been appointed by a Court for this person? NO ☐ YES If yes, please explain on page 4. 8. Has a Personal Representative of the Decedent been appointed prior to this date by a Court in this state or elsewhere? NO YES If yes, please state details, including name and address of such Personal Representative on page 4. 9. Have you received or are you aware of any Demands for Notice (FORM #111ES) of any probate or appointment proceeding concerning the Decedent that may have been filed in this state or elsewhere? NO YES If yes, please state details, including names and addresses on page 4.

Names and addresses of beneficiaries (devisees) named in the Will.

4(a).

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10.	have more man te	n (10) years passed since the Decedent's death?			
	☐ NO ☐ YES	If yes, please state circumstances authorizing tardy probate on page 4.			
11(a)). Did the Decedent	Did the Decedent own probate real estate?			
	☐ NO ☐ YES	If yes, an approximate value of \$ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)			
11(b)). Did the Decedent	own probate personal property?			
	☐ NO ☐ YES	If yes, an approximate value of \$ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)			
11(c)		appointment as Personal Representative in order to pursue civil litigation on behalf of the te? Is there a civil litigation attorney?			
	☐ NO ☐ YES	If yes, please provide the name of the civil litigation attorney:			
11(d)). At the time of De attorney?	ecedent's death, was he or she involved in any pending civil litigation? Is there a civil litigation			
	☐ NO ☐ YES	If yes, please state the circumstances and name of attorney on page 4.			
11(e)		NO to questions 11(a) - 11(d) above, but are seeking the appointment of a Personal please explain why the appointment is requested on page 4.			
12.	Have you made a	diligent search for a Will of the Decedent?			
	☐ YES ☐ NO	If no, please explain on page 4.			
II. IF	F A WILL EXISTS, F	PLEASE COMPLETE THIS SECTION.			
1. F	Regarding the Dece	dent's Will:			
	☐ An exemplified ☐ An exemplified ☐ The original of	attached. in the Court's possession. (authenticated) copy of a Will probated in another jurisdiction is attached. (authenticated) copy of a Will not probated in another jurisdiction is attached. the Will is lost, destroyed, or otherwise unavailable, however, a copy or a description of its contents or formal proceeding, explain below or attach supplemental pleadings)			
2.	The execution date	cof the Will was: Codicil(s):			
3.	Is there a memora	ndum that disposes of tangible personal property pursuant to 62-2-512?			
	□ NO □ YES	If yes, attach hereto.			
4.	To the best of your	knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?			
	☐ YES ☐ NO	If no, please explain on page 4.			
5.		knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a s spouse, or a witness's issue)?			
	□ NO □ YES	If yes, please explain on page 4.			

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COMPLETE EXPLAN	IATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.
	quired, use additional sheets.)
III. IF APPLYING FOR INFORMAL OR FORM	MAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.
If the Applicant/Petitioner is not the proyou are proposing be appointed as the	oposed Personal Representative(s), list name and address of the person e fiduciary:
2. Priority for appointment of the propose	ed Personal Representative (whether applicant or nominee) is:
other devisee of Decedent (describe): surviving spouse of Decedent or nother heir of Decedent (describe): creditor (forty-five (45) days after of claim, FORM 371ES, is attached other (describe): 3. List below the name(s) of any other perproposed Personal Representative:	presentative in Will presentat
V. ALL APPLICANTS/PETITIONERS MU	JST COMPLETE VERIFICATION.
	VERIFICATION facts set forth in the foregoing statement are true to the best of the undersigned's submits to the Court's jurisdiction in this matter.
SWORN to before me this day of, 20	Signature of Applicant/Petitioner:
Notary Public for South Carolina My Commission Expires:	
SWORN to before me this day of 20	Signature of Co- Applicant/Co-Petitioner:
Notary Public for South Carolina My Commission Expires:	

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ORDER OF INFORMAL PROBATE		
IT IS HEREBY ORDERED that the above application for probate of a Codicil executed and Memorandum	Will executed and	
be informally		
Executed this day of	, 2 .	
	R. Allen Beverly, Jr., Probate Judge Charles R. Rhodes Jr., Chief Assoc. Probate Judge Angela D. Harrison, Assoc. Probate Judge	
For formal probate of Will, see separate order executed		
ORDER OF INFORMAL AF IT IS HEREBY ORDERED that the above Application for Appointment applicable, and upon the signing of the Qualification and Statement of Bond	be granted upon the filing of an appropriate bond, if Acceptance of appointment. Notice to Creditors Required Vill Not Required ble devisee	
Executed this day of	, 2 .	
	R. Allen Beverly, Jr., Probate Judge Charles R. Rhodes Jr., Chief Assoc. Probate Judge Angela D. Harrison, Assoc. Probate Judge	

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QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature:	
Print Name:	
Address:	
7 100.000	
Telephone (Work):	
(Home):	
(Cell):	
Email:	
Liliali.	
Cianoturo	
Signature:	
Print Name:	
Address:	
Telephone (Work):	
(Home):	
(Cell):	
Email:	
*Attorney:	
Address:	
Telephone:	
Email:	
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^{*}By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.