

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____)
)
 IN THE MATTER OF:)
)
 _____)
 (Decedent))

IN THE PROBATE COURT

NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM

CASE NUMBER: _____

TO:	Creditor:
	Address:
	Telephone:
	Email:
	Original Creditor:
	Address (if different from above)
	Filed Date of Claim:
	Claim Amount:
	Account Number:
	Other Reference Number:

Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the Decedent's estate. Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.

- the claim is allowed.
- the claim is partially allowed in the amount of \$ _____; the balance is disallowed. Explanation (optional) _____
- the claim is disallowed in full. Explanation (optional): _____

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Executed this _____ day of _____, 20_____.

Signature: _____
 Print Name: _____
 Address: _____

Telephone (Work): _____
 (Home): _____
 (Cell): _____
 Email: _____

Attorney: _____
 Address: _____

Telephone: _____
 Email: _____