

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

IN THE PROBATE COURT  
**SUBSEQUENT ADMINISTRATION INVENTORY**

CASE NUMBER: \_\_\_\_\_

Only list **additional** assets received:

	Fair Market Value	Value of Decedent's interest (indicate fraction, if not 100%)
1. Specific Descriptions:		
2. Specific Descriptions:		
3. Specific Descriptions:		
<b>TOTAL</b>		<b>\$</b>

The undersigned, after being duly sworn, affirms the foregoing schedule contains a complete and accurate inventory and appraisal of all supplemental probate real and/or probate personal property. Further, that all listed property is estimated and/or appraised at its fair market value in good faith and according to the best of my ability.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
 Print Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public for South Carolina  
 My Commission Expires: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
 (Home): \_\_\_\_\_  
 (Cell): \_\_\_\_\_  
 E-mail: \_\_\_\_\_