

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF RICHLAND

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY  
PURSUANT TO SMALL ESTATE PROCEEDING**

IN THE MATTER OF:

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

\_\_\_\_\_  
(Decedent)

The undersigned states as follows:

1. Decedent's Information:

Full Name  
(include all known names): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Age at date of Death: \_\_\_\_\_

- 2.  Decedent was domiciled in this county at date of death:  
Address: \_\_\_\_\_ Richland County, South Carolina.
- Decedent was not domiciled in South Carolina, but 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 a facility:

- 3. More than thirty (30) days have passed since the Decedent'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*	Year of Birth	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five Thousand Dollars (\$25,000.00) and does not include any interest in real property as indicated below:

**BANK ACCOUNTS:**

Name of Bank                      Type of Account                      Account Number                      Current Balance

**STOCKS:**

Company Name                      Stock Certificate Number                      Value

**MOTOR VEHICLE/BOAT/MOTOR/TRAILER:**

Make                      Model                      VIN #                      Value

**LIFE INSURANCE PAYABLE TO ESTATE:**

Company Name                      Policy Number                      Value

**CHECKS PAYABLE TO DECEDENT/REFUND CHECKS**

Name of Payee                      Check Number                      Amount of Check

**OTHER PROPERTY:**

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**VERIFICATION**

The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the Court's jurisdiction in this matter.

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

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

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

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

Notary Public for South Carolina

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

My Commission Expires: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Relationship to Decedent/Estate: \_\_\_\_\_