

RICHLAND COUNTY PROBATE COURT

AMY W. McCULLOCH www.rcgov.us/probate Alexander Imgrund

Judge of Probate Richland County Judicial Center Associate Judge of Probate

Post Office Box 288

Columbia, S.C. 29201

(803) 576-1961

Facsimile: (803) 576-1987

**ADMITTING A WILL TO PROBATE**

The following items are needed in order to admit a Will to Probate:

1. Application to Probate a Will (Form 300ES)
2. Filing Fee in the amount of $10.00, must be paid with either a check or money order: made payable to the Richland County Treasurer
3. A Certified copy of the Death Certificate
4. The Original Last Will and Testament
5. Funeral Home Program or Copy of the Newspaper Obituary

Once the Judge orders that the Will be admitted for probate, a copy of the Information to Heirs and Devisees must be sent to every person listed on Section 1 Parts 4a and 4b of the Application to Probate a Will. You will then complete the Proof of Delivery and file the original Proof of Delivery with the Richland County Probate Court along with a copy of the Information to Heirs and Devisees.

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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF RICHLAND | ) |  |
|  | ) |  |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | )  ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

Application for Informal Probate of Will

I. ALL APPLICANTS MUST COMPLETE THIS SECTION.

|  |  |
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| 1. Applicant(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone (Work): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Home): |  |
| (Cell): |  |
| **Email**: |  |
| Relationship to Decedent: |  |

2. Decedent Information:

|  |  |
| --- | --- |
| Full Legal Name  (including all known names): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Death: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age at Date of Death: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Venue for this proceeding is proper in this County because:

Decedent was domiciled in this County at date of death:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Richland State: 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 of Richland State: South Carolina.

Decedent has a right to take legal action in this County because:

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 4(a). | Names and addresses of beneficiaries (devisees) named in the Will. |

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| --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name  (including all known names) |  | Year of Birth |  | Full Address |  | Relationship  to Decedent |
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(use additional sheet if necessary)

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| 4(b). | Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will). |

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| --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name  (including all known names) |  | Year of Birth |  | Full Address |  | Relationship  to Decedent |
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(use additional sheet if necessary)

4(c) Did all of the above persons survive one hundred and twenty (120) hours since the death of Decedent?

YES  NO If no, please explain on page 3.

1. 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 3.

1. 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 3.

1. Has a Guardian or Conservator ever been appointed by the Court for this person?

NO  YES If yes, please explain on page 3.

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 3.

1. 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 3.

1. Have more than ten (10) years passed since the Decedent’s death?

NO  YES If yes, please state circumstances authorizing tardy probate on page 3.

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| 11(a). | 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.) |

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| 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.) |

12. Have you made a diligent search for a Will of the Decedent?

YES

NO If no, please explain on page 3 below.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

1. Regarding the Decedent’s Will:

The original is attached.

The original is in the Court’s possession.

An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.

An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.

The original of the Will is lost, destroyed, or otherwise unavailable, however, a description of its contents is attached. (for formal proceeding, explain below or attach supplemental pleadings)

1. The execution date of the Will was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Codicil(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is there a memorandum 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 3.

5. To the best of your knowledge, is any witness to the will an “interested witness” (i.e., does the will make any devise to a witness, a witness’s spouse, or a witness’s issue)?

NO  YES If yes, please explain on page 3.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.

(If more space is required, use additional sheets.)

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

**VERIFICATION**

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned’s knowledge, information and belief, and hereby submits to the Court’s jurisdiction in this matter.

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| SWORN to before me this | | |  | | | day | | | Signature of Applicant/Petitioner: | |  | | |
| of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | | | | | | 20 | |  | |  | Print Full Name: |  | |
|  | | | |  | | | |  | Address: | |  | | |
|  | | | | | | | |  |  |  | | |
| Notary Public for South Carolina | | | | | |  | | |  | Telephone (work) |  | | |
| My Commission Expires: | |  | | | | | | |  | (Home): |  | | |
|  | | | | | | | | | (Cell): | |  | | |
|  | | | | | | | | | Email: | |  | | |
| Relationship to Decedent/Estate: | | | | | | | | | | |  | |
|  | | | | | | | | |  | |  | | |
| SWORN to before me this | | |  | | | day | | | Signature of Co-Applicant/Co-Petitioner: | |  | | |
| of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | 20 | |  | |  | Print Full Name: |  |
|  | | | |  | | | |  | Address: | |  | | |
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| Notary Public for South Carolina | | | | | |  | | |  | Telephone (work) |  | | |
| My Commission Expires: | |  | | | | | | |  | (Home): |  | | |
|  | | | | | | | | | (Cell): | |  | | |
|  | | | | | | | | | Email: | |  | | |
| Relationship to Decedent/Estate: | | | | | | | | | | |  | |
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**ORDER OF INFORMAL PROBATE**

IT IS HEREBY ORDERED that the above application for probate of a Will executed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

be informally  GRANTED  DENIED.

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| Executed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_. |

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| Amy W. McCulloch, Probate Court Judge |

For formal probate of Will, see separate order executed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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