

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

IN THE PROBATE COURT

WAIVER OR DEMAND FOR NOTICE IN AN ESTATE

CASE NUMBER: _____

Decedent's Date of Death (if known): _____

Decedent's Last Mailing Address: _____

(FOR WAIVER) I waive receipt of a copy of the following item(s) pertaining to the above estate as indicated. I understand that by waiving the following items, I will not receive any copies or notices related to the item(s) waived.

(FOR DEMAND) I demand receipt of a copy of the following item(s) pertaining to the above estate. By filing this Demand for Notice, I understand that it is the responsibility of the Personal Representative to provide me with a copy of all documents he/she files in this estate. **I understand this Demand shall expire one year from date of filing.**

Waive *Demand

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application for informal probate and/or informal appointment |
| <input type="checkbox"/> | <input type="checkbox"/> | Petition for formal probate and/or formal appointment |
| <input type="checkbox"/> | <input type="checkbox"/> | Information to Heirs and Devisees |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Publication of Notice to Creditors |
| <input type="checkbox"/> | <input type="checkbox"/> | Inventory and Appraisement (including Supplementary, Amended or Corrected) |
| <input type="checkbox"/> | <input type="checkbox"/> | Application for Settlement |
| <input type="checkbox"/> | <input type="checkbox"/> | Accounting (Interim or Final) |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposal for Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of Right to Demand Hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | Any petition and corresponding order |
| <input type="checkbox"/> | <input type="checkbox"/> | Any hearings, Right to Appear, or Notice of Appearance |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

Executed this day of , 20 .

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Relationship to Decedent/Estate: _____

Attorney: _____

Address: _____

Telephone: _____

Email: _____

***A Demand for Notice requires a \$5.00 filing fee.**