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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF: | ) | **INVENTORY AND APPRAISEMENT: PROBATE PROPERTY** |
|  | ) | ORIGINAL |
|  | ) | AMENDED # |
|  | ) | (*must restate the unchanged information from the original Inventory)* |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: |
| (Decedent) | ) |  |

**File the original Inventory and Appraisement with the Probate Court within ninety (90) days following the fiduciary appointment**.

A copy shall be sent to each interested person who has demanded it. A Proof of Delivery must be filed with the Court. The gross fair market value of all probate assets, regardless of location (whether in this state or elsewhere), should be listed as of the date of death. Continue on additional sheets if necessary. An Amended Inventory should be utilized for correcting, adjusting or adding to an original inventory, and *must restate the unchanged information from the original Inventory*. A qualified and disinterested appraiser may be employed to ascertain the value of any asset. If an appraiser is employed, his/her name and address must be indicated with the item or items he/she appraised.

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| --- | --- | --- |
| RECAPITULATION Schedule A - Real Estate $  Schedule B - Stocks and Bonds $  Schedule C - Notes Due Decedent and Cash $  Schedule D - Insurance on Decedent’s Life - Payable to the Estate $  Schedule E - Jointly Owned Property NA  Schedule F - Other Miscellaneous Assets $  Schedule G - Transfers During Decedent’s Life Payable to the Estate $  Schedule H - Powers of Appointment Payable to the Estate $  Schedule I - Annuities and Retirement Accounts Payable to the Estate $  **GROSS VALUE OF PROBATE ESTATE** ………………….. $  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisement of all probate real and personal property of this estate so far as the undersigned is informed; that he/she has estimated and/or appraised all listed property at its fair market value, according to the best of his/her knowledge and ability.

Personal Representative

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | |  | | | | day of | | | | | | | Signature: |  | |
|  | | | | , | 20 | |  | | | | . | | Print Name: | |  |
|  | | | | |  | | | | | | | |  | Address: |  | |
|  | | | | | | | | | |  | |  |  |  | |
| Notary Public for South Carolina | | | | | | | | |  | | | |  | Telephone (Work): |  | |
| My Commission Expires: | | | |  | | | | | |  | | |  | (Home): |  | |
|  | | | | |  | | | | | | | |  | (Cell): |  | |
|  | | | | |  | | | | | | | |  | (Email): |  | |
| Attorney: | |  | | | | | | | | | | |  | Co-Personal Representative  Signature |  | |
| Address: | |  | | | | | | | | | | |  | Name: |  | |
|  | |  | | | | | | | | | | |  | Address: |  | |
| Telephone: | |  | | | | | | | | | | |  |  |  | |
| Email: | |  | | | | | | | | | | |  | Telephone (Work): |  | |
|  | |  | | | | | | | | | | |  | (Home): |  | |
|  | |  | | | | | | | | | | |  | (Cell) |  | |
|  | |  | | | | | | | | | | |  | (Email): |  | |

A. **REAL ESTATE** in Decedent’s name alone or tenants in common (not as joint with **% Owned Fair Market Value of**

right of survivorship). Describe each property by listing its full address, tax map number, deed **by Decedent Decedent’s Interest**

book and page and description consistently (house, lot, buildings, acreage). Also list oil / mineral

rights and time shares, if it is real property. If the property is encumbered, list the full fair market

value of the property here and the encumbrance on Encumbrance section below

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| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

B. **STOCKS, BONDS** in Decedent’s name alone or tenants in common (not as joint with right of

survivorship). List each type of security and number of shares.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

C. **CASH, BANK ACCOUNTS, NOTES RECEIVABLES** in Decedent’s name alone or as

tenants in common. List each separate account type and institution and the last two digits of each

account. List all bank accounts owned by Decedent alone or as tenants in common (checking,

savings, CDs, money market, brokerage, employment bonus, cash award, final paycheck etc.),

cash on hand, notes payable to Decedent, and survival action proceeds.

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| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

D. **LIFE INSURANCE** payable to the Decedent’s estate.

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| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |

E. **Jointly owned property – REPORTING IS NOT REQUIRED** **N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

F**. ALL OTHER MISCELLANEOUS PERSONAL PROPERTY** in Decedent’s name alone or

as tenants in common. List below any tangible personal property, including household goods &

furnishings, vehicles, boats/motors/trailers, mobile homes that are not de-titled (Include year/make/

model/VIN, if applicable), airplanes, equipment, interest in a partnership or unincorporated business,

articles or collections having either artistic or intrinsic value, including coins, guns, artwork, jewelry,

etc., and any other miscellaneous probate items not listed elsewhere, including any digital assets

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

G. **Transfers during decedent’s life payable to estate ONLY** Any transfers

intended to take effect at death if payable to the Estate shall be reported. A trust created by

Decedent in which income for life was retained by the Decedent, power to revoke or other incidents

of ownership retained by the Decedent, lifetime transfers of real property in which Decedent retained

life estate, etc.

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| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |

H. **Powers of Appointment payable to the estate only** List property, both

real and personal, over which Decedent possessed a Power of Appointment whether testamentary

or otherwise, if such property is payable to the Estate.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |

I. **ANNUITIES AND IRA, ETC. PAYABLE TO THE ESTATE ONLY** List any annuities or

retirement accounts owned by the Decedent and payable to the Estate.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL PROBATE ESTATE VALUE** | $ |  |

**encumbrances** (e.g., mortgages, liens, judgments, etc., **but not general debts of the estate**).

List debts of the Decedent secured by assets on the above schedule and describe the debt and the

specific asset encumbered.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL ENCUMBRANCES** | $ |  |