

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

IN THE PROBATE COURT

**NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM**

CASE NUMBER:

TO:	Creditor:	
	Address:	
	Telephone:	
	Email:	
	Original Creditor:	
	Address (if different from above)	
	Filed Date of Claim:	
	Claim Amount:	
	Account Number:	
	Other Reference Number:	

**Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the Decedent's estate.**

The undersigned, as the fiduciary(ies), find(s):

the claim is allowed and payment is to be made in full.

**Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.**

the claim is allowed; however payment cannot be made. Explanation (optional):

the claim is partially allowed in the amount of \$ \_\_\_\_\_ ; the balance is disallowed. Explanation (optional)

the claim is disallowed in full. Explanation (optional):

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

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

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

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

Email: \_\_\_\_\_

Attorney: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_