

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

IN THE PROBATE COURT

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

\_\_\_\_\_  
Petitioner(s)  
vs.  
\_\_\_\_\_  
Respondent(s)

**\*PETITION FOR  
ALLOWANCE OF CREDITOR CLAIM**

The undersigned petitions the Court to allow the following claims against the Estate in the amounts set forth below:

| <b>Creditor Name and Address</b> | <b>Amount of Claim</b> |
|----------------------------------|------------------------|
| _____                            | _____                  |
| _____                            | _____                  |
| _____                            | _____                  |
| _____                            | _____                  |
| _____                            | _____                  |
| _____                            | _____                  |

In support of this Petition, Petitioner incorporates the claim(s) referenced above as presented to the Court and alleges that each claim is valid and (i) was presented within the period for the presentation of claims as provided by law and/or (ii) any claim not yet presented is attached to this Petition and made a part hereof and is being presented within the period for the presentation of claim(s) as provided by law.

(Other:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

**\*NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO A PETITION, YOU MUST ALSO FILE  
A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF \$150.00.  
A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

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**ORDER**

On the basis of the foregoing Petition and after hearing, the Court finds the aforesaid claim(s) is/are:

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THEREFORE, IT IS HEREBY ORDERED that the following be \_\_\_\_\_ in the amounts set forth below:

**Creditor Name and Address**

**Amount of Claim**

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

\_\_\_\_\_  
, Probate Court Judge