STATE OF SOUTH CAROLINA	)	IN THE PROBATE COURT
	)	
COUNTY OF RICHLAND	)	
	)	**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY PURSUANT TO SMALL ESTATE PROCEEDING**
	)	
IN THE MATTER OF:	)	
_____	)	CASE NUMBER: _____
(Decedent)	)	

The undersigned states as follows:

1. Decedent's Information:

Full Name
(include all known names): _____
Date of Birth: _____
Date of Death: _____
Age at date of Death: _____

2. ☐ Decedent was domiciled in this county at date of death:
Address: _____ Richland County, 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 State: South Carolina

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:

3. More than thirty (30) days have passed since the Decedent's death.

4. No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.

5. This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:

Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount

(*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five Thousand Dollars ($25,000.00) and does not include any interest in real property as indicated below:

BANK ACCOUNTS:

Name of Bank	Type of Account	Account Number	Current Balance

STOCKS:

Company Name	Stock Certificate Number	Value

MOTOR VEHICLE/BOAT/MOTOR/TRAILER:

Make	Model	VIN #	Value

LIFE INSURANCE PAYABLE TO ESTATE:

Company Name	Policy Number	Value

CHECKS PAYABLE TO DECEDENT/REFUND CHECKS

Name of Payee	Check Number	Amount of Check

OTHER PROPERTY:

VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day of _____, 20 _____

_____
Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Print Name: _____
Address: _____
_____
Telephone (Work): _____
(Home): _____
(Cell): _____
E-mail: _____
Relationship to Decedent/Estate: _____