STATE OF SOUTH CAROLINA) IN THE PROBATE COURT
COUNTY OF	AFFIDAVIT FOR ACCESS TO SAFE DEPOSIT BOX
IN THE MATTER OF:))) CASE NUMBER:
(Decedent))
The undersigned does hereby swear or affirm as follows:	
I am the (relationship) of the above-named Decedent who died as a resident of County on, 20 Decedent was the sole owner of a safe deposit box located at the Branch of the Branch of the Bank. I am informed and believe that his/her original Last Will and Testament is in the safe deposit box.	
SWORN to before me this day of	Signature: Print Name: Address:
My Commission Expires:	lephone (Work): (Home): (Cell): E-mail: Decedent/Estate
ORDER	
Upon reading the above Affidavit, IT IS ORDERED that the said Affiant has permission to open and take possession of any Wills, deeds to cemetery plot(s), and insurance policy(ies), or other Estate related documents.	

Further, said Affiant shall file an inventory of all items removed from the safe deposit box with the _____ Probate Court on or before ______, 20_____, 20_____.

Given under my hand and seal this the _____ day of _____, 20____,

, Probate Court Judge

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