

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

IN THE PROBATE COURT

**AFFIDAVIT - HEIRS  
(INFORMAL)**

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

**I understand and acknowledge that as the personal representative of the above estate, I have a duty to identify the heirs of an estate regardless of whether the Decedent died testate or intestate (with or without a Will).**

**Once a personal representative is appointed then his/her failure to give information of his/her appointment to the heirs is a breach of his/her duty to the persons concerned but does not affect the validity of his/her appointment, his/her powers, or other duties.**

SC Code of Laws SECTION 62-3-301 governs the contents of the 300ES, Application for Probate and defines that the names and addresses of the spouse, children, heirs (regardless of whether the decedent died testate or determined as if the decedent died intestate) and devisees (beneficiaries in the Will), and the ages of any who are minors so far as known or ascertainable with reasonable diligence by the applicant

I certify that I have made diligent efforts to find any heirs of the above estate. I know the following limited information:

To date these efforts have consisted of the following:

- Sending Notice to the Last Known Address, which was \_\_\_\_\_
- Interviewing neighbors and next of kin as follows: \_\_\_\_\_
- Checking the telephone directory for the city of the last known address
- Checking Social Security Death Records
- Performing a public records search, which report is attached
- Performing an Internet search, whose list of websites are attached
- Hiring an investigator with prior approval from the Court, whose report is attached
- Engaging a company that specializes in finding missing heirs, whose report is attached
- Other: \_\_\_\_\_

Further Affiant Sayeth Naught.

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

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_

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

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

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

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

Relationship to Decedent/Estate: \_\_\_\_\_