

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)
)
_____,)
Petitioner)
_____)

IN THE PROBATE COURT
File No.

AFFIDAVIT OF
PROPOSED CONSERVATOR

- 1) I am the proposed Conservator in the above referenced matter and request that the Court appoint me to serve as Conservator.
- 2) As Conservator, I understand that I have a fiduciary duty to manage and administer the Minor's estate in accordance with the laws of South Carolina. I also understand that I am required to:
 - a. Submit the Affidavit of Proposed Conservator, Conservator's Oath, Bond and/or Restricted Account Agreement prior to the hearing or submission of a Consent Order;
 - b. Submit the Inventory and Appraisal and Acknowledgement of Restricted Status within thirty (30) days of the date of the Court's Order;
 - c. Submit an Annual Accounting each year on the anniversary of my appointment to serve as conservator;
 - d. Obtain approval from the Court prior to any disbursement, transfer, and expenditure of conservatorship assets;
 - e. Obtain approval from the Court prior to selling or changing the nature of personal property, real estate, or other conservatorship asset;
 - f. I understand that I am required to maintain conservatorship assets in a restricted account, if applicable;
 - g. I understand that I am required to pay the annual bond premium, if applicable, on a timely basis;
 - h. I understand that non-professional conservators may not use ATM/Debit cards or checks in connection with conservatorship assets;
 - i. I understand that conservatorship assets may not be released directly to non-

professional conservators for any reason whatsoever;

- j. I understand that I am required to notify the Probate Court promptly of any changes in my address or contact information and that of the Incapacitated Person;
- k. I have met with Probate Court personnel in person or remotely (via Skype, Zoom, or telephone) and reviewed my duties and responsibilities outlined in S.C. Code Ann. §62-5-422(A). I understand these duties and responsibilities and further understand I have a fiduciary duty to exercise these duties and responsibilities in the best interest of the Incapacitated Person and in an effort to accomplish the purpose for which I have been appointed.

_____, 2023

Affiant's Signature

Print Name: _____

Greenville County, South Carolina

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

Print Name: _____

Notary Public for: _____

My Commission Expires: _____