

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF GREENVILLE )  
 )  
IN THE MATTER OF: )  
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 )  
Petitioner , )  
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IN THE PROBATE COURT  
File No. 2020-GC-23-

AFFIDAVIT OF  
PROPOSED GUARDIAN

- 1) I am the proposed Guardian in the above referenced matter and request that the Court appoint me to serve as Guardian. I am waiving my right to have a final hearing before the Court.
- 2) As Guardian, I understand that I have a fiduciary duty to provide continuing care and supervision of the incapacitated individual in accordance with the laws of South Carolina. I also understand that I am required to:
  - a. Submit the Guardian’s Oath, Affidavit of Proposed Guardian, and Plan of Care prior to the hearing or submission of a Consent Order;
  - b. Submit an Annual Guardian’s Report each year on the anniversary of my appointment;
  - c. Exercise care to conserve the Incapacitated Person’s funds;
  - d. Provide for the Incapacitated Person’s care, comfort, and maintenance;
  - e. Arrange for appropriate habilitation and rehabilitation services and educational, social, and vocational services to assist the Incapacitated Person in the development of maximum self-reliance and independence;
  - f. Take reasonable care of the Incapacitated Person’s clothing, furniture, vehicles, and other personal effects;
  - g. Providing any consents, denials, or approvals necessary to enable the Incapacitated Person to receive or refuse to receive medical or other professional care, counseling, treatment, or service, including institutional care;
  - h. 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;
  - i. 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. §62-5-304A(B). 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 protected person and in an effort to accomplish the purpose for which I have been appointed.

\_\_\_\_\_, 2020

\_\_\_\_\_  
Affiant's Signature  
Greenville County, South Carolina

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

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

Notary Public for: \_\_\_\_\_

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