SOUTH CAROLINA
JUDICIAL BRANCH

State of South Carolina	In the Probate Court
County of: Greenville	

In the Matter of: _____ [Fill in Decedent's Name] [Decedent]	Case No. _____ [Fill in Case Number]

Personal Representative Affidavit of Adeemed or Abated Property

After being duly sworn, the undersigned Personal Representative(s) affirm(s) that the Will/Memorandum/Codicil(s) devises the following asset: [Fill in asset] _____ to the devisee named below. However, the assets are not available for distribution because: [Fill in Reason] _____

Personal Representative Signature: _____
[Fill in Personal Representative Signature]

Print Name: _____
[Fill in Name]

Attorney for Personal Representative: _____
[Fill in Attorney for Personal Representative]

Address: _____
[Fill in Address]

Sworn to and subscribed before me this [Enter Day of Sworn] _____day of [Enter Month Name of Sworn]_____, [Enter Year of Sworn] _____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

My Commission expires the [Enter Day of Expiry]_____day of [Enter Month Name of Expiry] _____, [Enter Year of Expiry] _____.

Devisee Waiver

Having read the foregoing sworn statement, the undersigned devisee waives all right to the above asset and understands this waiver applies solely to the property described above. This waiver relieves the Personal Representative of any further duties or obligations to the beneficiary in this Estate if the property described above is the only asset(s) left to the undersigned in the probate estate. The undersigned acknowledges this by his/her/its signature below.

Devisee Signature: _____
[Fill in Signature of Devisee]

Print Name: _____
[Fill in Name of Devisee]

Devisee Address: _____
[Fill in Address of Devisee]

Devisee Telephone: _____
[Fill in Telephone of Devisee]

Devisee Email: _____
[Fill in Telephone of Devisee]

Attorney for Devisee: _____
[Fill in Attorney of Devisee]

Attorney Address: _____
[Fill in Attorney Address]

Attorney Telephone: _____
[Fill in Attorney Telephone]

Attorney Email: _____
[Fill in Attorney Email]

Sworn to and subscribed before me this [Enter Day of Sworn] _____day of [Enter Month Name of Sworn]_____, [Enter Year of Sworn] _____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

My Commission expires the [Enter Day of Expiry]_____day of [Enter Month Name of Expiry] _____, [Enter Year of Expiry] _____.