

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)

(Decedent))

IN THE PROBATE COURT

NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM

CASE NUMBER: _____

TO: Creditor:	
Address:	
Telephone:	
Email:	
Original Creditor:	
Address (if different from above)	
Filed Date of Claim:	
Claim Amount:	
Account Number:	
Other Reference Number:	

Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the Decedent's estate. Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.

- the claim is allowed.
- the claim is partially allowed in the amount of \$ _____; the balance is disallowed. Explanation (optional): _____
- the claim is disallowed in full. Explanation (optional): _____

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Executed this _____ day of _____, 20_____.

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Attorney: _____
Address: _____

Telephone: _____
Email: _____