SOUTH CAROLINA
JUDICIAL BRANCH

State of South Carolina	In the Probate Court
County of Greenville	_____ Judicial Circuit

In the Matter of: _____
[Fill in Decedent's Name] [Decedent]

Case No. _____
[Fill in Case Number]

Claimant(s): _____
[Fill in Claimant(s) Name(s)]

Exempt Property Claim

Instructions: Claims must be filed with the Probate Court of the County where the estate is being administered and delivered, and or mailed to the Personal Representative(s) appointed to administer the estate within the later of eight (8) months after the date of the Decedent's death or six (6) months after the probate of the Decedent's will (see SCPC § 62-2-402(b)).

Additional Claimant(s) [Fill in the Additional Claimant(s) Name(s)]:

_____

_____

_____

_____

_____

_____

1. Check one:

☐ I am the surviving spouse of the Decedent.

☐ There is no surviving spouse, and I/we am/are the Decedent's minor or dependent child/children or the guardian(s) or conservator(s) for the Decedent's minor child/children.

2. I/we hereby claim up to forty-five thousand dollars ($45,000.00) in value, in excess of security interests therein, in household furniture, automobiles, furnishings,

appliances, and personal effects of the Decedent's estate. If the aggregate value of such chattel assets, in excess of security interests, is less than forty-five thousand dollars ($45,000.00), I/we claim other assets of the Decedent's estate to the extent necessary to make up the forty-five thousand dollars ($45,000.00) value claimed hereby. This claim has priority over all claims against the estate except claims described in SCPC § 62-3-805(a)(1).

Executed this [Fill in Day] _____ day of [Fill in Month Name] _____, [Fill in Year] _____.

a. Claimant 1:

Signature: _____
[Signature of Claimant 1]

Print Name: _____
[Print Name of Claimant 1]

Address: _____
[Fill in Address of Claimant 1]

Telephone (Work): _____
[Fill in Work Telephone Number of Claimant 1]

Telephone (Home): _____
[Fill in Home Telephone Number of Claimant 1]

Telephone (Cell): _____
[Fill in Cell Telephone Number of Claimant 1]

E-mail: _____
[Fill in E-mail Address of Claimant 1]

b. Claimant 2:

Signature: _____
[Signature of Claimant 2]

Print Name: _____
[Print Name of Claimant 2]

Address: _____
[Fill in Address of Claimant 2]

Telephone (Work): _____
[Fill in Work Telephone Number of Claimant 2]

Telephone (Home): _____
[Fill in Home Telephone Number of Claimant 2]

Telephone (Cell): _____
[Fill in Cell Telephone Number of Claimant 2]

E-mail: _____
[Fill in E-mail Address of Claimant 2]

c. Claimant 3:

Signature: _____
[Signature of Claimant 3]

Print Name: _____
[Print Name of Claimant 3]

Address: _____
[Fill in Address of Claimant 3]

Telephone (Work): _____
[Fill in Work Telephone Number of Claimant 3]

Telephone (Home): _____
[Fill in Home Telephone Number of Claimant 3]

Telephone (Cell): _____
[Fill in Cell Telephone Number of Claimant 3]

E-mail: _____
[Fill in E-mail Address of Claimant 3]

d. Claimant 4:

Signature: _____
[Signature of Claimant 4]

Print Name: _____
[Print Name of Claimant 4]

Address: _____
[Fill in Address of Claimant 4]

Telephone (Work): _____
[Fill in Work Telephone Number of Claimant 4]

Telephone (Home): _____
[Fill in Home Telephone Number of Claimant 4]

Telephone (Cell): _____
[Fill in Cell Telephone Number of Claimant 4]

E-mail: _____
[Fill in E-mail Address of Claimant 4]