

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF: )

\_\_\_\_\_, )  
 Decedent     Alleged Incapacitated Individual )  
 Minor         Other: \_\_\_\_\_ )

▲ PROBATE COURT USE ONLY ▲

\_\_\_\_\_, )

IN THE PROBATE COURT

Petitioner(s), )  
vs. )

CASE NUMBER \_\_\_\_\_ -GC- \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_, )  
Respondent(s).\*

**SUMMONS**

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*Please Type or Print.*

\_\_\_\_\_  
(Name of Petitioner/Attorney for Petitioner)

\_\_\_\_\_  
(Street Address or Mailing Address)

\_\_\_\_\_  
(City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

\_\_\_\_\_  
Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF: \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 \_\_\_\_\_ )  
 A protected person. )

IN THE PROBATE COURT

CASE NUMBER: \_\_\_\_\_ -GC- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ )  
 Petitioner(s) )  
 )  
 vs. )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Respondent(s))

**\*PETITION FOR SALE OF REAL PROPERTY**

**\*NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO A PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC), PAY THE STATUTORY FILING FEE OF \$150.00, AND FILE A CLOCKED COPY OF THE LIS PENDENS. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

Petitioner alleges the following:

- Interested parties (e.g., next of kin, persons named in protected person's Will, co-owners of property, creditors with unresolved claims, court-appointed guardian or conservator for Protected Person, mortgage holder) who may be affected by the sale of the real property are as follows:

Name	Year of Birth	Address	Relationship to Protected Person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

2. The real property needs to be sold because: \_\_\_\_\_

3. The real property of the Protected Person's estate, which the Petitioner desires to sell, is described as follows:

- Address: \_\_\_\_\_
- Legal Description: (The Decedent's deed may be required by the Court) \_\_\_\_\_
- Tax Map Sheet Number (TMS#) / Deed Book and Page: \_\_\_\_\_

The tax assessed value of the real property is: \$\_\_\_\_\_. This value is based upon the most recent assessor's statement. The assessor's statement may be required by the Court.

4. The fair market value of the real property is: \$\_\_\_\_\_. This value is based upon the opinion of a real estate agent based upon a comparative market analysis or the opinion of a real estate appraiser based upon an appraisal. The comparative market analysis or the appraisal may be required by the Court.

5. Are there any mortgages, lines of credit, or other encumbrances affecting the real estate?  YES  NO  
If yes, list below the type of encumbrance, current amount owed, and to whom it is owed.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_