

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF GREENVILLE )  
 )  
 IN THE MATTER OF: )  
 \_\_\_\_\_ )  
 (Add full legal name of the Deceased; include all known names)

IN THE PROBATE COURT

**Complete and file this form within 7 days**

**GREENVILLE COUNTY PROBATE INITIAL WORKSHEET**

**Your Information:**

Who is applying to be the Personal Representative? **(print your full legal name and all the information requested)**

<b>Print Full Legal Name:</b>		<b>Year of your birth:</b>	
<b>Physical Address:</b>		<b>City:</b>	<b>State:</b> _____ or <input type="checkbox"/> SC
<b>Zip:</b>			
Mailing Address (if different than above):		City:	State:
Zip:			
<b>List all Telephone Numbers</b>	Work: ( ) _____ - _____	Home: ( ) _____ - _____	Cell: ( ) _____ - _____
<b>Email:</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes	Do you live out of the state of South Carolina? (if yes, you need an Agent of Service Form #121)		
What is your relationship to the person that is now deceased? _____			

**Probate is completed typically where the person that passed away lived:**

Decedent was domiciled (resided) in this County at date of death:

Address: \_\_\_\_\_; County: Greenville; State: South Carolina.

If the above address is the address of a nursing home, a prison, or other residential facility, please give the last address of the Decedent prior to entering the facility: \_\_\_\_\_

4(a). Names and addresses of beneficiaries ( devisees) named in the Will. If no Will, skip 4(a)

Full Legal Name (including all known names)	Year of Birth	Full Address including city, state and zip	Email Address	Relationship to Decedent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4(b). Names and addresses of the heirs which are the relatives related by blood or legal adoption

Full Legal Name (including all known names)	Year of Birth	Full Address including city, state and zip	Email Address	Relationship to Decedent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4.(c) Did all of the above persons survive one hundred and twenty (120) hours since (after) the death of Decedent?

YES  NO If no, explain \_\_\_\_\_

5. Did Decedent have any change of marital status or the birth or adoption of any children after execution of this Will, if one exists, or has any child of the Decedent been born since his/her death, or is any birth of a child of the Decedent anticipated? (This includes illegitimate children.)  
 NO  YES If yes, explain \_\_\_\_\_
6. To the best of your knowledge, was the Decedent a patient in a non-private State of South Carolina mental health facility during his/her lifetime?  
 NO  YES If yes, explain \_\_\_\_\_
7. Has a Guardian or Conservator ever been appointed by the Court for this person?  
 NO  YES If yes, explain \_\_\_\_\_
8. Has a Personal Representative of the Decedent been appointed prior to this date by a Court in this State or elsewhere?  
 NO  YES If yes, explain \_\_\_\_\_
9. Have you received or are you aware of any Demands for Notice (FORM 111ES) of any probate or appointment proceeding concerning the Decedent that may have been filed in this state or elsewhere?  
 NO  YES If yes, explain \_\_\_\_\_
10. Have more than ten (10) years passed since the Decedent's death?  
 NO  YES If yes, please state circumstances authorizing tardy probate on page 3.
- 11(a) Did the Decedent own real estate?  
 NO  YES If yes, an approximate value is \$\_\_\_\_\_.  
 (Note: A complete inventory of probate assets with fair market values to be filed after Personal Representative is appointed.)
- Did the Decedent own personal property?  
 11(b)  NO  YES If yes, an approximate value is \$\_\_\_\_\_.  
 (Note: A complete inventory of probate assets with fair market values to be filed after Personal Representative is appointed.)
- 11(c). Are you seeking appointment as Personal Representative in order to pursue civil litigation on behalf of the Decedent's estate? Is there a civil litigation attorney?  
 NO  YES If yes, please provide the name of the civil litigation attorney: \_\_\_\_\_
- 11(d). At the time of the Decedent's death, was he or she involved in any pending civil litigation? Is there a civil litigation attorney?  
 NO  YES If yes, please state the circumstances and name of the attorney on page 4.
- 11(e). If you answered NO to questions 11(a) – 11(d) above, but are seeking the appointment of a Personal Representative, please explain why the appointment is requested on page 4.
12. Have you made a diligent search for a Will of the Decedent?  
 YES  NO

- II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION . . . . .  No Will
- The date the Will was signed was: \_\_\_\_\_ Codicil(s): \_\_\_\_\_
  - Does Decedent's Will refer to a Memorandum (List disposing of tangible personal property)?  Yes  No
  - Do you believe the Will listed above is the Decedent's validly executed last Will?  Yes  No
  - Review the Will, is any witness to the Will an "interested witness" (devisee, spouse of a devisee, or issue (children) of a devisee; Does the will make any gift to a witness, a witness's spouse, or witness's issue)?  Yes  No

**VERIFICATION**

The undersigned, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief, and hereby submits to the Court's jurisdiction in this matter.

Signature of Proposed Personal Representative: \_\_\_\_\_

**Note: This is the first of the forms that are required in order for you to become appointed by the Court as Personal Representative.**