

PROBATE ADMINISTRATION INFORMATION

Personal Rep.: \_\_\_\_\_

Applicant/Petitioner: \_\_\_\_\_

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

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

Give your relationship to the decedent.

**Names and addresses of people named in the Will, including dates of birth of minors. If there are no minors, so state.**

Name	Date of Birth	Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

**Names and addresses of immediate family members not named in the Will including dates minors. If there are no minors, so state.**

Name	Date of Birth	Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

**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 death, or is any birth of a child of the decedent anticipated? (This includes illegitimate children.)**

NO  YES If yes, please explain

**To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime?**

NO  YES If yes, please explain

**Has a guardian or conservator ever been appointed for this person?**

NO  YES If yes, please explain

**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, please state details, including name and address of such Personal Representative

**Have you received or are you aware of any demands for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere?**

NO  YES If yes, please state details, including names and addresses

**Have more than ten years passed since the decedent's death?**

NO  YES If yes, please state circumstances authorizing tardy probate

**Value of assets owned by Decedent:**

**Personal Property of about the value of \_\_\_\_\_**  
**Real Estate of about the value of \_\_\_\_\_**

**Are you aware of any unrevoked Will and/or Codicil(s), other than the one(s) attached hereto, relating to property in this State?**

NO  YES If yes, please explain

**Are you aware of any instrument or document amending or revoking the Will?**

NO  YES If yes, please explain

**Have you exercised reasonable diligence to determine there is no instrument or document revoking the Will?**

YES  NO If no, please explain