STATE OF SOUTH CAROLINA	
COUNTY OF	
EX PARTE:)
Guardian/Applicant,) PROBATE COURT USE ONLY
)
IN THE MATTER OF:) IN THE PROBATE COURT) CASE NUMBERGC
a ward.	APPLICATION FOR USE OF DECEASED WARD'S FUNDS
Applicant was the appointed Guardian for the Ward The following proof of death is attached:	d. Ward died on (date), and there is no conservator.
☐ Certified death certificate☐ Obituary☐ Other proof of death (specify):	
Ward has total cash assets of \$ Acco	
Account (Bank, Last 4 digits of account): Current Balance: \$	
· 	
	unds for final disposition of the Ward's remains as follows:
Payee of Requested Funds	Item/Service Cost
1	
3.	
Documentation supporting each requested exp	penditure is attached.
SWORN to before me this day of	Signature
	Signature: Print Name:
	Address:
Print Name:	Preferred Telephone:
Notary Public for:	Secondary Telephone:
(State) My Commission Expires:	Email:
(Date)	
	ORDER
	tion and a determination that the requested expenditure(s) is/are nt may use \$ from the account(s) listed above for the
expenditures, within ten (10) days from the date accounting to the last known address of the por, if a Will cannot be located after reasonable or her last known address. Applicant shall file	used for purposes set forth herein, along with receipts for all the of this Order (Form #555GC). Applicant shall send a copy of the person nominated as Personal Representative in the Ward's Will; the effort, to at least one of the Ward's closest adult relatives at his the a Proof of Delivery (Form #120PC) setting forth the identity and sing was sent, along with the date and method of delivery.
Given under my hand ar	nd seal this this day of, 20
	, Judge of Probate