

SMALL ESTATE AFFIDAVIT WORKSHEET

Purpose: The Small Estate Affidavit allows the decedent's heirs to obtain the decedent's personal property without the necessity of full probate proceedings.

Notice: This is not the Small Estate Affidavit form. This is only a worksheet.

Filing: No sooner than 30 days from date of death

Decedent's name: _____ Decedent's date of death: _____

Your name: _____

Your address: _____

Your daytime phone number: _____ Your relationship to decedent: _____

Did the decedent have a Will? ☐ Yes * ☐ No

*if yes please contact the Probate Court to receive the Probated Will packet

To the best of your knowledge, was the decedent a patient in a South Carolina Mental Health facility during his/her lifetime? ☐ Yes ☐ No

Where was the decedent living at his or her time of death? (Check below.)

☐ apartment

☐ nursing home

☐ home or condominium owned by the decedent. Is the decedent's name on the Deed to this property? ☐ Yes* ☐ No

*if yes please contact the Probate Court for an appointment to probate a full estate

List the decedent's personal property and its value: (everything owned by the decedent at the time of death including vehicles, bank accounts, and cash)

Description of Personal Property

\$ (Value)

1. _____
2. _____
3. _____
4. _____

If you list a bank account, include the name of the bank, type of account, and account number. For vehicles, give the year, make, model, and identification number. For any checks or refunds made payable to the decedent, please include the payor's name and check number. Any stocks or bonds should also be included.

Are you seeking reimbursement for paying the decedents funeral bill? ☐ Yes ☐ No

(You must submit a copy of the funeral bill and statement showing all payments made and by whom they were made; all insurance policies assigned and the name of the beneficiary; and all remaining balances.)

List the decedent's heirs: (Complete addresses are mandatory.)

Decedent's spouse:

(name) _____ Deceased? _____

(address) _____

Decedent's children still living:

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

Decedent's child now dead: (name) _____ Date of Death _____

His/Her children:

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

Decedent's child now dead: (name) _____ Date of Death _____

His/Her children:

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

(name) _____

(address) _____

If you answered "NONE" to all of the items above, list the decedent's parents:

Mother: (name) _____ Deceased? _____

(address) _____

Father: (name) _____ Deceased? _____

(address) _____

If you answered "NONE" to all of the items on page 2 and both parents and all persons listed are deceased, please contact the Probate Court at 576-1961 for further instructions.

Are any of the persons listed on this worksheet under the age of 18? ☐ Yes ☐ No
(If your answer is "YES", write the age next to each person under 18 years of age.)

AFTER YOU HAVE COMPLETED THIS WORKSHEET, mail the following items to the Richland County Probate Court, P.O. Box 192, Columbia, SC 29202:

- Completed Small Estate Worksheet;
- Completed, signed, and Notarized Affidavit for Collection of Personal Property (Form #420PC);
- Appropriate filing fee
- Certified copy of the Death Certificate;
- Paid Funeral Bill and Statement
- Funeral Home Program or Copy of the Newspaper Obituary, and
- Affidavit from the person who paid the Funeral Bill concerning reimbursement

After this information is received by the court, it will be submitted to the Probate Judge for review. If further information is needed to process the Affidavit for Collection of Personal Property, you will be notified. When all necessary information has been submitted and reviewed, the Judge will sign the Order.

COURT PERSONNEL ONLY:

Date searched: _____

Prior GC: _____

Prior ES: _____

CD/CN: _____

RE: _____

Other: _____