



**RICHLAND COUNTY PROBATE COURT**  
**1701 Main Street**  
**Room 207**  
**Columbia, South Carolina 29201**

We understand that this is a very sad and emotional time. We are committed to making the Probate process as easy on you and your family as we can.

**You will find valuable information on our website:**

<http://www.richlandcountysc.gov/Probate>

**You can download forms from SC Courts:** <https://www.sccourts.org/court-forms/>

Our job is to help you report information and transfer assets correctly.

**We cannot give legal advice.**

To begin the process, please complete the **Application for Informal Probate of Will/Appointment** which is attached.

Please follow the checklist below for other **necessary documents.**

Mail or drop off the **completed** documents to our office.

We will review the documents and you will be contacted to schedule an opening appointment.

1. **Application for Probate of Will/Appointment** – you must fill out this form completely. You can type or handwrite in ink – **Your opening appointment cannot be scheduled until all information is provided.**
2. **Decedent's original Last Will and Testament and any and all original Codicils and Memorandums.**
3. **If the Decedent died without a Will and was married, then a copy of the marriage license must be provided**
4. **Certified copy of the Decedent's Death Certificate.**
5. **Probate Court Worksheet** – This will help us determine if there are assets that need to transfer under the probate process, if the assets are under \$45,000.00 and a Small Estate Affidavit can be filed, or if the Decedent's Last Will and Testament needs to be probated only.

6. **Copy of the Obituary OR Funeral Program which lists the surviving family members.** A Family Tree may be required to identify pre-deceased heirs and their children. If the estate is intestate (without a Last Will and Testament) all children of the Decedent are required to produce their Certified Long Form Birth Certificate. The Court will return the original once verification has been made.
7. **Copy of the paid funeral bill and/or funeral bill showing the outstanding balance.**
8. **Copy of all Deeds for real property that the Decedent had an interest in.**
9. **Renunciation of Right to Administration and/or Nomination and /or Waiver of Bond, if applicable** - if the primary person named in the Will is not going to serve or if the person with priority in an estate without a will (intestate estate) is not going to serve, then these forms are required to be filed before an appointment can be scheduled.
10. **Waiver of Bond, if applicable** – If the Decedent did not have a Will, bond is required unless the intestate heirs agree to waive this requirement.
11. **Appointment of a Guardian ad Litem (GAL), if applicable** - If there are minor children who receive from an estate, a GAL may be required prior to the appointment of a Personal Representative. If the minor is 14 or over, they must consent to the appointment.
12. **A publication fee in the amount of \$55.00 made payable to the Richland County Probate Court and the initial filing fee in the amount of \$45.00 made payable to the Richland County Treasurer must be sent with your filings.**

**Please be advised that an opening appointment usually lasts one hour.**

**Physical Address:**  
**1701 Main Street, Room 207**  
**Columbia SC 29201**

**Mailing address:**  
**Probate Court**  
**P.O. Box 288**  
**Columbia SC 29201**

## RICHLAND COUNTY PROBATE COURT WORKSHEET

### A. REAL ESTATE (IN STATE AND OUT OF STATE)

LOCATION (Street/City/State)	Owner's Name	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CEMETARY PLOT(S)      (Owned by Decedent)

Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. STOCKS, BONDS (in Decedent's name alone)

Stocks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bonds: \_\_\_\_\_

\_\_\_\_\_

### C. CASH, INDIVIDUAL BANK ACCOUNTS\*, NOTES OWED TO DECEDENT

\*Joint Bank Accounts – See Schedule E.

Cash on hand? yes \_\_\_\_ no \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

Paycheck? yes \_\_\_\_ no \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

From: \_\_\_\_\_ Payable to: \_\_\_\_\_

Refund checks? yes \_\_\_\_ no \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

From: \_\_\_\_\_ Payable to: \_\_\_\_\_

From: \_\_\_\_\_ Payable to: \_\_\_\_\_

Mortgage due Decedent? yes \_\_\_\_ no \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

From: \_\_\_\_\_

Inheritance to be received by Decedent: yes \_\_\_\_ no \_\_\_\_ Describe: \_\_\_\_\_

	Bank/Company Name	Amount
Checking account(s):	_____	_____
	_____	_____
Savings account(s):	_____	_____
	_____	_____
	_____	_____
C. D.(s):	_____	_____
Other (list):	_____	_____
	_____	_____

**D. PART 1 – INSURANCE PAYABLE TO THE ESTATE:**

Company Name & Policy Number

Face Value

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**PART 2 – INSURANCE PAYABLE TO BENEFICIARY:**

Beneficiary Name

Company Name & Policy No.

Face Value

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**E. JOINTLY OWNED PROPERTY (With Right of Survivorship)**

Exact Names on Account

Bank/Company Name

Amount

Checking  
Account(s):

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Certificate(s)  
Of Deposit:

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Stocks:

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Bonds:

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Real Property:

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(Bring copy of Deed)

Other (list – vehicles, etc.):

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**F. MISCELLANEOUS**

Household Goods &amp; Furnishings: \_\_\_\_\_

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	Exact name on Title	Year/Model	Value
Vehicles (auto, etc.):	_____		
	_____		
	_____		
Boat, motors, and Trailers:	_____		
	_____		
	_____		
Mobile Homes:	_____		
	_____		
Farm Equipment:	_____		
	_____		
	Description	Approximate Value	
Business owned:	_____		
Jewelry (of value):	_____		
Collectibles:	_____		
Other (list):	_____		
	_____		
	_____		

**G. TRANSFERS DURING DECEDENT'S LIFE**

	Beneficiary	Value
Trust:	_____	
Life Estate:	_____	
Savings Bonds (POD):	_____	
Other (list):	_____	
	_____	

## H. POWERS OF APPOINTMENT

DID DECEDENT hold a Power of Appointment given by another? \_\_\_\_\_

If yes, bring a copy of the document creating the Power.

Did DECEDENT hold any of the following titles at time of death?

If yes, for whom?

Guardian:            yes \_\_\_\_ no \_\_\_\_

Custodian:        yes \_\_\_\_ no \_\_\_\_

Committee/Conservator:

yes \_\_\_\_\_ no \_\_\_\_\_

Trustee:            yes \_\_\_\_ no \_\_\_\_

Estate Representative:

yes \_\_\_\_\_ no \_\_\_\_\_

Other (specify):

## I. ANNUITIES

Beneficiary Name

Company Name

Value

IRA: \_\_\_\_\_

Pension: \_\_\_\_\_

401K: \_\_\_\_\_

Keogh: \_\_\_\_\_

Other (list): \_\_\_\_\_

**J. ENCUMBRANCES (Mortgages, Liens, Judgments, etc.)**

(House, Land, Automobile, etc.)

Company Name

### Description

Amount

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### OUTSTANDING DEBTS/BILLS OWED BY THE DECEDENT

(Funeral, Hospital, EMS, Doctors, Credit Cards, etc.)

Name of Creditor

Amount Owed

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STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

IN THE MATTER OF:

(Decedent)

)  
)  
)  
)  
)  
)

IN THE PROBATE COURT

CASE NUMBER:

**\*COMPLETE THIS SECTION ONLY IF FILING PETITION  
FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT**

\*  
,  
Petitioner(s)

vs.

\*  
,  
Respondent(s)

**APPLICATION FOR INFORMAL**

(check any that apply)

☐ PROBATE OF WILL

☐ APPOINTMENT

**\*PETITION FOR FORMAL**

☐ TESTACY

☐ APPOINTMENT

If this is a formal filing, please explain on page 4 or attach pleadings pursuant to *SC Rules of Civil Procedure*.

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

**I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.**

1. Applicant/Petitioner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_

**2. Decedent Information:**

Full Legal Name  
(including all known names): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Age at Date of Death: \_\_\_\_\_

**3. Venue for this proceeding is proper in this County because:**

- ☐ Decedent was domiciled in this County at date of death:  
Address: \_\_\_\_\_ County: \_\_\_\_\_ State: South Carolina.
- ☐ Decedent was **not** domiciled in **South Carolina**, but property of Decedent was located in this County at date of death at:  
Address: \_\_\_\_\_ County: \_\_\_\_\_ State: South Carolina
- ☐ Decedent has a right to take legal action in this County because:

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

4(a). Names and addresses of beneficiaries (devisees) named in the Will.

Full Legal Name (including all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent

☐ See attached for additional devisees (check if applicable).

4(b). Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will).

Full Legal Name (including all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent

☐ See attached for additional intestate heirs (check if applicable).

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

☐ YES ☐ NO If no, please explain on page 4.

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, please explain, on page 4.

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, please explain, on page 4.

7. Has a Guardian or Conservator ever been appointed by a Court for this person?

☐ NO ☐ YES If yes, please explain on page 4.

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, please state details, including name and address of such Personal Representative on page 4.

9. Have you received or are you aware of any Demands for Notice (FORM #111ES D) 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 on page 4.



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 4.

11(a). Did the Decedent own probate real estate?

☐ NO ☐ YES If yes, an approximate value of \$\_\_\_\_\_ (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(b). Did the Decedent own probate personal property?

☐ NO ☐ YES If yes, an approximate value of \$\_\_\_\_\_ (Note: A complete inventory of probate assets with fair market values is 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 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 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 If no, please explain on page 4.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

1. Regarding the Decedent's Will:

- ☐ The original is attached.
- ☐ The original is in the Court's possession.
- ☐ An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.
- ☐ An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.
- ☐ The original of the Will is lost, destroyed, or otherwise unavailable, however, a copy or a description of its contents is attached. (for formal proceeding, explain below or attach supplemental pleadings)

2. The execution date of the Will was: \_\_\_\_\_  
Codicil(s): \_\_\_\_\_

3. Is there a memorandum that disposes of tangible personal property pursuant to 62-2-512?

☐ NO ☐ YES If yes, attach hereto.

4. To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?

☐ YES ☐ NO If no, please explain on page 4.

5. To the best of your knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a witness, a witness's spouse, or a witness's issue)?

☐ NO ☐ YES If yes, please explain on page 4.

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COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.

(If more space is required, use additional sheets.)

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III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.

1. If the Applicant/Petitioner is not the proposed Personal Representative(s), list name and address of the person you are proposing be appointed as the fiduciary:  
\_\_\_\_\_
2. Priority for appointment of the proposed Personal Representative (whether applicant or nominee) is:
  - ☐ named as Primary Personal Representative in Will
  - ☐ named as Alternate Personal Representative in Will
  - ☐ nominee of Primary Personal Representative in Will
  - ☐ nominee of Alternate Personal Representative in Will
  - ☐ surviving spouse of Decedent who is devisee of Decedent or nominee of said spouse
  - ☐ other devisee of Decedent (describe): \_\_\_\_\_ or nominee of said devisee
  - ☐ surviving spouse of Decedent or nominee of said spouse
  - ☐ other heir of Decedent (describe): \_\_\_\_\_ or nominee of said heir
  - ☐ creditor (forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, FORM 371ES, is attached
  - ☐ other (describe): \_\_\_\_\_
3. List below the name(s) of any other person(s), if any, having an equal or higher priority of appointment than the proposed Personal Representative:  
\_\_\_\_\_

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IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

**VERIFICATION**

The undersigned, being sworn, 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.

SWORN to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

Signature of  
Applicant/Petitioner: \_\_\_\_\_

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Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

Signature of Co-  
Applicant/Co-Petitioner: \_\_\_\_\_

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Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

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### ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a Will executed \_\_\_\_\_ and

☐ Codicil executed \_\_\_\_\_ and

☐ Memorandum

be informally ☐ GRANTED ☐ DENIED.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Amy W. McCulloch, Probate Court Judge

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☐ For formal probate of Will, see separate order executed \_\_\_\_\_.

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### ORDER OF INFORMAL APPOINTMENT

IT IS HEREBY ORDERED that the above Application for Appointment be granted upon the filing of an appropriate bond, if applicable, and upon the signing of the Qualification and Statement of Acceptance of appointment.

Bond

☐ Fiduciary Bond in the amount of \$\_\_\_\_\_

☐ Bond not required for Personal Representative nominated by Will

☐ Bond not required as Personal Representative is sole heir or sole devisee

☐ Bond not required as Personal Representative is state agency, bank, or trust company

☐ Bond waivers filed

☐ See order dated \_\_\_\_\_

☐ Other: \_\_\_\_\_

Notice to Creditors

☐ Required

☐ Not Required

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Amy W. McCulloch, Probate Court Judge

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☐ For formal appointment of Personal Representative, see separate order executed \_\_\_\_\_.

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## QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

\*Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**\*By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.**