STATE OF SOUTH CAROLINA) IN THE PROBATE COURT				
COUNTY OF: CHESTER	<u> </u>)				
IN THE MATTER OF:		AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERT PURSUANT TO SMALL ESTATE PROCEEDING CASE NUMBER:				
(Decedent))				
Γhe undersigned states as	follows:					
Decedent's Information	tion:					
Date of Birth Date of Death Age at date of Death Decedent was don Address: County O	s): h: h: h: miciled in this county at dat CHESTER State: South Car					
of death at: Address:County _	_ State: South Carolina					
If the above address is the Decedent prior to		home, prison, or other residential fac	ility, please give the la	st address of		
3. More than thirty (30) d	ays have passed since the	Decedent's death.				
No Application or Petit	ion for the appointment of a	Personal Representative is pending of	or has been granted in a	any jurisdiction.		
money due and owing and in the possession	to the Decedent, and to the of another, and to the delive	ne successor(s) named herein is/are endelivery of all probate tangible personery of all instruments evidencing a delitions. Names and addresses of the Delitions.	nal property belonging to ot, obligation, stock, or	o the Decedent chose in action		
Name of Success	sor* Year of Birth	Address	Relationship	Percentage Interest/ Amount		
	ets for additional successor	rs (check if applicable)				

(*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

Form #420ES (04/2017) 62-3-1201, 62-3-1202

Darin account	Bank account \$			Type of Account:	
Stock \$		Bank Name: Company Name:		# of shares:	
Unclaimed Property	\$	From:		,, or original.	
Motor Vehicle :	\$	VIN:	YR/MAKE	: MOI	DEL:
Mobile Home:	\$	VIN:	YR/MAKE		
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE		
Life Insurance to estate:	\$	Company Name:		1 1119	
Other Property (specify):	\$				
	_	ove assets (attach proof of encu assets/ encumbrances (check i VERIFICATION	f applicable)		
		hat the facts set forth in the fore ne undersigned hereby submits			
SWORN to before me thi	, 20	Print Name:			
Notary Public for South C		Telephone (Work):			
My Commission Expires:		(Home):			
		(Cell):			
	Dal	E-mail:			
	Re	ationship to Decedent/Estate:			
		ORDER FOR PAYMENT O	R DELIVERY		
delivery of the property des	scribed herein	e original of which is on file with should be made as follows:		·	
Name of Succes	ssor(s)	Addres	s	Relationship	Percentage Interest/ Amount

Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent.