

Dillon County Probate Court

Teresa Campbell, Probate Judge

401 W Main St Room 303 | P.O Box 189, Dillon, SC 29536 | **Phone:** (843) 774-1423 | **Fax:** (843) 841-3732 | **Email:** dillonprobate@bellsouth.net **Hours of Operation:** 8:30 am – 5:00 pm (Monday-Friday)

ADMITTING A WILL TO PROBATE

The following items are needed in order to admit a Will to Probate:

- 1. Application to Probate a Will (Form 300ES)
- 2. Filing Fee in the amount of \$10.00, must be paid with either a check or money order: made payable to the Dillon County Treasurer
- 3. A Certified copy of the Death Certificate
- 4. The Original Last Will and Testament
- 5. Funeral Home Program or Copy of the Newspaper Obituary

Once the Judge orders that the Will be admitted for probate, a copy of the Information to Heirs and Devisees must be sent to every person listed on Section 1 Parts 4a and 4b of the Application to Probate a Will. You will then complete the Proof of Delivery and file the original Proof of Delivery with the Richland County Probate Court along with a copy of the Information to Heirs and Devisees.

STATE OF SOUTH CAROLINA) IN THE PROBATE COURT))) CASE NUMBER:	
COUNTY OF DILLON		
IN THE MATTER OF:		
(Decedent))	
Application for Informal Pr I. ALL APPLICANTS MUST COMPLETE THIS SECTION.	robate of Will	
1. Applicant(s):		
Address:		
Telephone (Work):		
(Home):		
(Cell):		
Email:		
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 becau Decedent was domiciled in this County at date of death: Address: Carolina. Decedent was not domiciled in South Carolina, but pro at date of death at: Address: Carolina. Decedent has a right to take legal action in this County because.	County of Dillon State: South perty of Decedent was located in this County County of Dillon State: South	
If the above address is the address of a nursing home, put 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	Relationship to Decedent
(use additional sheet if n	ecessary)		
4(b). Names and add	Iresses of intestate h	neirs who are not devisees (persons who inhe	erit if Decedent left no Will).
Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent
(use additional sheet if n	ecessary)		
4(c) Did all of the above	persons survive one	e hundred and twenty (120) hours since the de	eath of Decedent?
YES NO If	no, please explain o	n page 3.	
of this Will, if one ex	ists, or has any child	al status or the birth or adoption of any childre I of the Decedent been born since his/her dea This includes illegitimate children.)	
□ NO □ YES If y	es, please explain,	on page 3.	
To the best of your k mental health facility		Decedent a patient in a non-private State of S ne?	South Carolina
□ NO □ YES If y	es, please explain,	on page 3.	
7. Has a Guardian or C	Conservator ever bea	en appointed by the Court for this person?	
□ NO □ YES If y	/es, please explain o	on page 3.	
8. Has a Personal Rep or elsewhere?	resentative of the De	ecedent been appointed prior to this date by a	a Court in this State
NO ☐ YES If y Representative on page 3.	es, please state det	ails, including name and address of such Per	sonal
		any Demands for Notice (FORM 111ES) of an Decedent that may have been filed in this sta	
□ NO □ YES If y	es, please state det	ails, including names and addresses on page	3.

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 3.				
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.)				
12.	Have you made a diligent search for a Will of the Decedent?				
	☐ YES ☐ NO If no, please explain on page 3 below.				
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 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. Wil	To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last II?				
	☐ YES ☐ NO If no, please explain on page 3.				
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 3.				
	COMPLETE EVELANATION/C) FOR OUTCITIONS IN SECTIONS Land ILLIEDE				

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE. (If more space is required, use additional sheets.)

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.

	Signature of		
SWORN to before me this day	Applicant/Petitioner:		
of, 20	Print Full Name:		
	Address:		
Notary Public for South Carolina	_ Telephone (work)		
My Commission Expires:	(Home):		
·	(Cell):		
	Email:		
Re	elationship to Decedent/Estate:		
	Signature of Co-		
SWORN to before me this day	Applicant/Co-Petitioner:		
of 20	_ Print Full Name:		
	Address:		
Notary Public for South Carolina			
My Commission Expires:	(Home):		
Wy Commission Expires.			
	Email:		
Re	lationship to Decedent/Estate:		
OR	DER OF INFORMAL PROBAT	E	
IT IS HEREBY ORDERED that the above be informally GRANTED DENIED.		ll executed	-
Executed	this day of	, 2	
		Probate Court Judge	—
☐ For formal probate of Will, see separa	te order executed		
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