

KERSHAW COUNTY PROBATE COURT INTAKE WORKSHEET

This worksheet must be completed and mailed back before you are contacted for your intake appointment. PLEASE PRINT NEATLY

Please answer the following:

Your Name:
Your Address (street, city, state, and zip):
Your Email Address:
Phone Numbers: (Please indicate the number you prefer)
Cell:
Home:
Do you have access to internet?
Do you have printing abilities?
Do you have Facetime capability?
Do you have Skype/webcam capability?

Is there a Last Will and Testament? Do you have possession of it?
(If yes, please make a copy to mail back to the Court along with this worksheet.)
Are you named as the Personal Representative in the Will?
Was the Will prepared by an Attorney?

Decedents Name:
Date of Death:
Was the decedent a resident of Kershaw County at passing?
Did the decedent have an account with a Co-Op?
(Ex: BlackRiver, LynchesRiver, etc.)
Did the decedent have an account with Sandhill Telephone Company?
Was the decedent involved with any litigation at time of death? If yes, type?
(Ex: Asbestos litigation with MotleyRice)

Please fill in the following information. List items decedent owned/possessed as of time of death. These items should ONLY be listed if the decedent owned said asset by themselves or "AND". Items with beneficiary, payable upon death, joint right of survivorship, and items titled "OR" do not need to be listed. If you are unsure of ownership, list asset and we will review at a later date.

Real Estate (In State and Out of State)

Table with 3 columns: Location (Street/City/State/County), Owner's Name, Value

CEMETARY PLOT(S)

Location:

STOCKS, BONDS

Stocks:

Bonds:

CASH, INDIVIDUAL BANK ACCOUNTS*, NOTES OWED TO DECEDENT

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):	_____	_____
	_____	_____

INSURANCE PAYABLE TO THE ESTATE:

Company Name & Policy Number	Face Value
_____	_____
_____	_____

Part 2- INSURANCE PAYABLE TO BENEFICIARY:

Beneficiary Name	Company Name & Policy Number	Face Value
_____	_____	_____
_____	_____	_____

MISCELLANEOUS

Household Goods & Furnishings _____

	Exact name on Title	Year/Make/Model	Value
Vehicles (auto, atv, etc.)	_____	_____	_____
	_____	_____	_____
Boats, Motors, and Trailers:	_____	_____	_____
	_____	_____	_____
Mobile Homes:	_____	_____	_____
	_____	_____	_____
Farm Equipment:	_____	_____	_____
	_____	_____	_____
Business owned:	Description		Approximate Value
	_____		_____
Jewelry (of value):	_____		_____
Collectibles:	_____		_____

Other Assets (list): _____

TRANSFERS DURING DECEDENT'S LIFE

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

POWERS OF APPOINTMENT

DID DECEDENT hold a Power of Appointment given by another? _____
If yes, submit a copy of the document creating the Power.

DID DECEDENT hold any titles at time of death? _____
If yes, for whom? _____

Once completed, please attach the following documents behind this completed worksheet:

- Copy of the Last Will and Testament if applicable
- Copy of your Driver's License or State Issued ID
- Copy of the decedents Death Certificate
- Copy of the Paid in Full Funeral Bill if applicable (**Must** show \$0.00 balance or state "Paid in Full")
- Copy of the Obituary if applicable

Please mail these documents to:

Kershaw County Probate Court
1121 Broad Street, Room 225
Camden, SC 29020
Atten.: Ruth Dowey