



KERSHAW COUNTY PROBATE COURT

Debra B. Branham
Probate Judge

Kershaw County Courthouse
1121 Broad Street, Room 225
Camden, South Carolina 29020
Phone (803) 425-1503 Fax (803) 425-1526

Rebecca J. Edwards
Associate Probate Judge

SMALL ESTATE AFFIDAVIT

The Small Estate Affidavit allows for the transfer of the decedent's personal property with a value less than \$25,000.00 without the necessity of full probate proceedings. This document cannot be filed until 30 days after the decedent's date of death.

The following items are needed to file a Small Estate Affidavit:

- Completed, signed, and notarized Affidavit for Collection of Personal Property (Form 420PC)
- Appropriate filing fees;
- Certified copy of the Death Certificate;
- Itemized Funeral Bill or Statement and proof of payment;
- Funeral Home Program or Copy of the Newspaper Obituary, and
- Affidavit from the person who paid the Funeral Bill concerning reimbursement.

Please note that if you are filing the Small Estate and you did not pay the funeral expenses for the decedent, you must have an Affidavit signed by the person who paid the bill either indicating they would like to be reimbursed or that they do not wish to be reimbursed See attached.

Complete mailing addresses are needed for all persons listed on the Affidavit.

Your documents will be returned to you by the Court if you fail to present all documentation listed above.

<u>Value of Estate Property</u>	<u>Probate Fees</u>
<u>Under \$100.00</u>	<u>\$17.50 (\$12.50 plus \$5.00 for Order)</u>
<u>\$100.00 - \$4,999.99</u>	<u>\$30.00 (\$25.00 plus \$5.00 for Order)</u>
<u>\$5,000.00 - \$19,999.99</u>	<u>\$50.00 (\$45.00 plus \$5.00 for Order)</u>
<u>\$20,000.00 - \$25,000.00</u>	<u>\$72.50 (\$67.50 plus \$5.00 for Order)</u>

KERSHAW COUNTY PROBATE COURT WORKSHEET

This worksheet must be completed before your opening appointment.

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
_____	_____
_____	_____

Part 2- INSURANCE PAYABLE TO BENEFICIARY:

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

E. JOINTLY OWNED PROPERTY (With Right of Survivorship)

Exact Names on Account	Bank/Company Name	Amount
Checking Account(s): _____	_____	_____
_____	_____	_____
Certificate(s) Of Deposit: _____	_____	_____
_____	_____	_____
Stocks: _____	_____	_____
_____	_____	_____
Bonds: _____	_____	_____
_____	_____	_____
Real Property: (Bring Copy of Deed) _____	_____	_____
_____	_____	_____
Other (list- vehicle, etc.) _____	_____	_____
_____	_____	_____
_____	_____	_____

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: KERSHAW)
)
 IN THE MATTER OF:)
)
 _____)
 (Decedent))

IN THE PROBATE COURT

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
 PURSUANT TO SMALL ESTATE PROCEEDING**

CASE NUMBER: _____

The undersigned states as follows:

1. Decedent's Information:

Full Legal Name
 (include all known names): _____
 Date of Birth: _____
 Date of Death: _____
 Age at date of Death: _____

2. Decedent was domiciled in this county at date of death:

Address: _____
 County: _____ State: South Carolina.

Decedent was not domiciled in **South Carolina**, but probate property of Decedent was located in this county at date of death at:

Address: _____
 County: _____ State: South Carolina.

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 the facility: _____

3. More than thirty (30) days have passed since the Decedent's death.

4. No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.

5. This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:

Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

See attached sheets for additional successors (check if applicable)

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

6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five Thousand Dollars (\$25,000.00) and does not include any interest in real property as indicated below:

Bank account	\$	Bank Name:	Type of Account:	
Stock	\$	Company Name:	# of shares:	
Unclaimed Property	\$	From:		
Motor Vehicle :	\$	VIN:	YR/MAKE:	MODEL:
Mobile Home:	\$	VIN:	YR/MAKE:	MODEL:
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE:	MODEL:
Life Insurance to estate:	\$	Company Name:		
Other Property (specify):	\$			

LIENS/ENCUMBRANCES against above assets (attach proof of encumbrance): \$ _____

See attached sheet for additional assets/ encumbrances (check if applicable)

VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day of _____, 20____ Affiant Signature: _____
 _____, Print Name: _____
 _____ Address: _____

 Notary Public for South Carolina Telephone (Work): _____
 My Commission Expires: _____ (Home): _____
 _____ (Cell): _____
 _____ E-mail: _____
 _____ Relationship to Decedent/Estate: _____

ORDER FOR PAYMENT OR DELIVERY

It appears from the foregoing affidavit, the original of which is on file with the Probate Court of this county, that payment or delivery of the property described herein should be made as follows:

Name of Successor(s)	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon issuance of this Order, this matter is hereby closed.

IT IS SO ORDERED this _____ day of _____, 20_____.

 Debra B. Branham, Probate Court Judge

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