

**STATE OF SOUTH CAROLINA
COUNTY OF KERSHAW**

PROBATE COURT

IN THE MATTER OF: _____

CASE NUMBER: _____

AFFIDAVIT OF PERSONAL REPRESENTATIVE

I _____, understand and agree to the following:

1. I am required to keep the court informed about any change of address, phone number, or email address;
2. The assets and monies in the estate are only to be used to pay the debts and obligations of the estate in the proper order of priority;
3. I am to deposit the decedent's monies into an estate account;
4. I am not to use the estate assets or monies for my personal debts or obligations;
5. I am not to use any estate assets or monies for the debts or obligations of any heirs or devisees;
6. I cannot sell tangible personal property owned by the decedent that has a value over \$10,000.00 without the authority to do so granted to me in the decedent's will or a court order giving me this specific authority;
7. I cannot sell real property owned by the decedent without the authority to do so granted to me in the decedent's will or a court order giving me this specific authority;
8. I must resolve the debts of the estate before I make any distributions to the heirs or devisees of the estate;
9. I understand that if a claim is filed against the estate, I must respond to the creditor within sixty days after the presentment of the claim, or within fourteen months after the death of the decedent, whichever is later, stating the claim has been allowed or disallowed in whole or in part; and,
10. I will be personally liable to any beneficiary or other person(s) having an interest in the estate for any negligence and/or intentional misconduct in the performance of my duties as Personal Representative.

Executed this ____ day of _____, 20__.

Signature: _____

Name: _____

Sworn to before me this ____ day of _____, 20__.

Notary Public for _____

My Commission Expires: