



RICHLAND COUNTY PROBATE COURT

AMY W. McCULLOCH
Judge of Probate
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www.rcgov.us/probate
Richland County Judicial Center
Post Office Box 192
Columbia, S.C. 29202
(803) 576-1961

JACQUELINE D. BELTON
Associate Judge of Probate
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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. If the Decedent has a Will, you must file the original for Probate.

Mail the following items to the Richland County Probate Court, P.O. Box 192 Columbia, SC 29202:

- o Original Will with Application for Probate (form 300ES);
- o Completed, signed, and notarized Affidavit for Collection of Personal Property (Form 420PC);
- o Appropriate filing fees;
- o Certified copy of the Death Certificate;
- o Itemized Funeral Bill or Statement and proof of payment;
- o Funeral Home Program or Copy of the Newspaper Obituary, and
- o 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>
➤ Under \$100.00	\$17.50 (\$12.50 plus \$5.00 for Order)
➤ \$100.00 - \$4,999.99	\$30.00 (\$25.00 plus \$5.00 for Order)
➤ \$5,000.00 - \$19,999.99	\$50.00 (\$45.00 plus \$5.00 for Order)
➤ \$20,000.00 - \$25,000.00	\$72.50 (\$67.50 plus \$5.00 for Order)

STATE OF SOUTH CAROLINA

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IN THE PROBATE COURT

)

COUNTY OF RICHLAND

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

)

IN THE MATTER OF:

)

(Decedent)

)

CASE NUMBER: _____

)

The undersigned states as follows:

1. Decedent's Information:

Full 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: _____ Richland County, South Carolina.
 Decedent was not domiciled in South Carolina, but 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 a 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(*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 ACCOUNTS:

Name of Bank Type of Account Account Number Current Balance

STOCKS:

Company Name Stock Certificate Number Value

MOTOR VEHICLE/BOAT/MOTOR/TRAILER:

Make Model VIN # Value

LIFE INSURANCE PAYABLE TO ESTATE:

Company Name Policy Number Value

CHECKS PAYABLE TO DECEDENT/REFUND CHECKS

Name of Payee Check Number Amount of Check

OTHER PROPERTY:

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 _____

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
E-mail: _____
Relationship to Decedent/Estate: _____