

SMALL ESTATE CHECKLIST

(Must be done 30 days after Date of Death)

PLEASE HAVE THE FOLLOWING DOCUMENTS

- _____ Original Will
- _____ Original Death Certificate
- _____ Obituary (Program/Printout from Funeral Home)
- _____ Titles (Mobile Home, boats, vehicles, etc.)
- _____ Paid Funeral Bill or balance remaining (itemized & notarized)
- _____ Renunciation form(s)
- _____ Bank Statement

Court Cost

	<u>Probate Fees</u>	<u>Value of Estate Property</u>
_____	\$12.50	Under \$100.00
_____	\$25.00	\$101.00 to \$4,999.99
_____	\$45.00	\$5,000.00 to \$19,999.99
_____	\$67.50	\$20,000.00 to 25,000.00



The Honorable Jesse S. Cartrette, Jr The Probate Court of Florence County

FLORENCE COUNTY PROBATE COURT
181 N. IRBY STREET, SUITE 1300
FLORENCE, SC 29501
Telephone: (843) 665-3085
Facsimile: (843) 665-3068

Michelle E. Hackman
Associate Judge

Brittany S. Peay
Clerk of Court

SMALL ESTATE PROCEEDING

The Small Estate proceeding allows for the transfer of the Decedent's personal property with a value less than \$25,000.00. This cannot be used if the Decedent owns any interest in real property. The Affidavit for Collection of Personal Property pursuant to Small Estate Proceeding cannot be filed until 30 days after the death of the Decedent. If the Decedent has a Will, you must file the original with the Court along with the Application for Probate (form 306ES).

You can download forms from South Carolina Judicial website: <https://www.sccourts.org/forms/searchType.cfm>

The following items must be submitted to Florence County Probate:

- Original Will with Form 306ES and \$10.00 court fee
- Affidavit for Collection for Personal Property (Form 420ES) Completed, signed & notarized (Please make sure all persons listed in the Affidavit have complete mailing addresses)
- Picture ID of Small Estate Affidavit
- Proof of Assets in Decedent's name: Bank Statements/refund checks/vehicle titles/etc.
- Original Death Certificate
- Obituary or Funeral Home Program
- Paid or Itemized Funeral Bill
- Affidavit of Reimbursement for Funeral Bill

****Please note that if you are filing the Small Estate and you did not pay the funeral expenses for the Decedent, you must have the person who paid the bill complete the Affidavit for Reimbursement attached.****

NOTE: If you mail in your documents and they do not have the documents required, it will be mailed back to you for completion.

<u>Probate Fees</u>	<u>Value of Estate Property</u>
_____ \$12.50	Under \$100.00
_____ \$25.00	\$101.00 to \$4,999.99
_____ \$45.00	\$5,000.00 to \$19,999.99
_____ \$67.50	\$20,000.00 to 25,000.00

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF FLORENCE

CASE NUMBER _____-ES-21_____

IN THE MATTER OF:

AFFIDAVIT FOR REIMBURSEMENT
FOR PAYMENT OF FUNERAL BILL

(Decedent)

I, _____, paid for the funeral of the above-named
(Please Print)

decedent in the amount of \$_____.

☐

I want to be reimbursed for the value of the small estate proceeding in the amount or up to the amount that was paid for the decedent's funeral expense. I understand that if the Small Estate is more than the funeral expense, the monies are to be disbursed between the remaining heirs.

☐

I do not want to be reimbursed for the funeral bill.

Date

Signature

Print Name

SWORN on before this _____ day of

_____, 20_____.

Notary Public for South Carolina

My Commission expires:_____

STATE OF SOUTH CAROLINA

COUNTY OF: FLORENCE

IN THE MATTER OF:

)
)
)
)
)
)

IN THE PROBATE COURT

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

CASE NUMBER: -ES-21

(Decedent)

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: _____, Florence, 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(s)	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 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: \$ _____

☐ 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 _____

Signature: _____
 Print Name: _____
 Address: _____

Notary Public for South Carolina
 My Commission Expires: _____

Telephone (work) _____
 (Home): _____
 (Cell): _____
 Email: _____
 Relationship to Decedent/Estate: _____

*****PROBATE COURT USE ONLY*****

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

IT IS HEREBY ORDERED, that in the event the assistance of law enforcement officers may become necessary to assist the Personal Representative in keeping the peace while carrying out this Court's Order for Payment or Delivery, law enforcement is hereby authorized by Probate Court to use any means reasonably necessary.

Upon issuance of this Order, this matter is hereby closed. IT IS SO ORDERED this _____ day of _____, 20____.

JESSE S. CARTRETTE, JR., Probate Court Judge

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