

STATE OF SOUTH CAROLINA)

COUNTY OF: _____)

IN THE MATTER OF: _____)

IN THE PROBATE COURT

**APPLICATION/PETITION FOR APPOINTMENT OF
SPECIAL ADMINISTRATOR**

CASE NUMBER: _____)

Applicant/Petitioner: _____
Address: _____
Telephone: _____

1. Nature of interest of undersigned:

2. Informal Proceeding

Appointment of a special administrator is requested:

to protect the estate prior to the appointment of a general Personal Representative.

because of the termination by death or disability of _____, the previously appointed Personal representative.

for a creditor to enforce a security interest upon property of the estate or to institute proceedings to establish the decedent's liability to the extent of the limits of insurance protection only.

Formal Proceeding

Appointment of a special administrator is requested to preserve the estate and to secure the estate and to secure the estate's proper administration.

3. Explanation:

Executed this ____ day of _____, 20 ____.

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

Attorney: _____

Address: _____

Telephone: _____

ORDER FOR HEARING

IT IS HEREBY ORDERED that a hearing on this matter be set for:

DATE: _____
TIME: _____
PLACE: _____

Pursuant to SCPC Section 1-401, the petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing date.

Executed this ____ day of _____, 20____.

_____, Probate Court Judge

ORDER OF APPOINTMENT

IT IS HEREBY ORDERED that the above application for appointment of Special Administrator in the above estate be GRANTED DENIED as follows:

RESTRICTIONS:

Executed this ____ day of _____, 20____.

_____, Probate Court Judge

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept appointment and agree to perform the duties and discharge the trust of the office of Special Administrator/ Personal Representative of the estate of _____.

SWORN to before me this ____ day of _____, 20____

Signature: _____
Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

E-mail: _____
Telephone (O): _____
(H): _____