

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF: _____)
)

IN THE PROBATE COURT
PETITION FOR ALLOWANCE OF CLAIM
CASE NUMBER: _____

Petitioner: _____

The undersigned petitions the Court to allow the following claims against the estate in the amounts set forth below:

Creditor Name and Address	Amount of Claim
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In support of this petition, petitioner states that each claim is valid, was presented within the period for the presentation of claims as provided by law, and has not been paid, and, as to those claims which were presented to the Personal Representative and not filed with the Court, that a copy of the statement of each such claim is attached to this petition and made a part hereof.

(Other:)

Executed this _____ day of _____, 20_____.

Signature: _____
Name: _____
Address: _____

Telephone(O): _____
(H): _____

Attorney: _____
Address: _____

Telephone: _____

