|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) | IN THE PROBATE COURT |
| COUNTY OF: | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|  | ) |  |
| (Decedent) | ) |  |
|  | ) |  |
| CASE NUMBER: | ) |  |

**NOTICE OF CORRECTION**

**THIS FORM CANNOT BE USED TO ADD OR DELETE**

**DEVISEES OR HEIRS TO A PETITION OR APPLICATION**

**OR INTERESTED PARTIES TO A PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected:

Correction(s) to be made:

Document to be corrected:

Correction(s) to be made:

|  |
| --- |
| Executed this       day of      , 20     . |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Address: |  |
|  |  |
| Telephone (Work): |  |
| (Home): |  |
| (Cell): |  |
| Email: |  |
| Relationship to Decedent / Estate: |  |

Sworn to before me this the       day

of      , 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for South Carolina

My commission expires:

**NOTE: Use of this form is limited to correcting minor clerical errors.**