

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_ )  
 (Decedent) )

IN THE PROBATE COURT

**STATEMENT OF CREDITOR'S CLAIM**

CASE NUMBER: \_\_\_\_\_

Decedent's Date of Death (if known): \_\_\_\_\_  
 Decedent's Last Mailing Address: \_\_\_\_\_

Creditor:	
Address:	
Telephone:	
Email:	
Original Creditor:	
Address (if different from above)	
Claim Amount Due:	\$
Account Number:	
Other Reference Number:	
Basis of claim (Ex: Contract, Services Rendered for decedent, etc):	
Date claim will become due (if not already due)	
Nature of uncertainty as to the claim, if any (i.e. contingent claim, amount of claim, due date):	
Description of security as to the claim, if any (Ex: Collateral for the debt)	

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**INSTRUCTIONS:** Claims **MUST** be filed with the Probate Court of the county in which the Decedent's Estate is under administration and may be delivered or mailed to the fiduciary appointed to administer the Estate (see SCPC 62-3-803, 62-3-804, and 62-3-806).

No claim against a Decedent's estate may be presented or legal action commenced against a Decedent's Estate prior to the appointment of a Personal Representative to administer the Decedent's Estate (except see SCPC 62-3-804(1)(b)).

Satisfaction or withdrawal of claim (FORM 325) **MUST** be filed once claim is resolved.