

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

IN THE PROBATE COURT

**NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM**

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

|   |                 |
|---|-----------------|
| TO: _____                               | Creditor: _____ |
| Address: _____                          |                 |
| Telephone: _____                        |                 |
| Email: _____                            |                 |
| Original Creditor: _____                |                 |
| Address (if different from above) _____ |                 |
| Filed Date of Claim: _____              |                 |
| Claim Amount: _____                     |                 |
| Account Number: _____                   |                 |
| Other Reference Number: _____           |                 |

**Allowance of a claim is evidence the Personal Representative accepts the claim as a valid debt of the Decedent's estate.**

The undersigned, as the fiduciary(ies), find(s):

the claim is allowed and payment is to be made in full.

**Allowance of a claim may not be construed to imply the estate will have sufficient assets with which to pay the claim.**

the claim is allowed; however payment cannot be made. Explanation (optional): \_\_\_\_\_

the claim is partially allowed in the amount of \$ \_\_\_\_\_; the balance is disallowed. Explanation (optional) \_\_\_\_\_

the claim is disallowed in full. Explanation (optional): \_\_\_\_\_

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with SCPC 62-3-804(2), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
 (Home): \_\_\_\_\_  
 (Cell): \_\_\_\_\_  
 Email: \_\_\_\_\_

Attorney: \_\_\_\_\_  
 Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_