

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

IN THE PROBATE COURT
AFFIDAVIT FOR ACCESS TO SAFE DEPOSIT BOX

CASE NUMBER: _____

The undersigned does hereby swear or affirm as follows:

I am the _____ (relationship) of the above-named Decedent who died as a resident of _____ County on _____, 20____. Decedent was the sole owner of a safe deposit box located at the _____ Branch of the _____ Bank. I am informed and believe that his/her original Last Will and Testament is in the safe deposit box.

I request authorization to enter the safe deposit box to obtain possession of the Will, any deed to a cemetery plot(s), and any insurance policy(ies) or other estate related documents. I agree to submit an inventory of the safe deposit box contents and file a copy with the _____ County Probate Court within ten (10) days of this Order.

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

Signature: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
E-mail: _____
Relationship to Decedent/Estate _____

ORDER

Upon reading the above Affidavit, IT IS ORDERED that the said Affiant has permission to open and take possession of any Wills, deeds to cemetery plot(s), and insurance policy(ies), or other Estate related documents.

Further, said Affiant shall file an inventory of all items removed from the safe deposit box with the _____ Probate Court on or before _____, 20____.

Given under my hand and seal this the _____ day of _____, 20____.

, Probate Court Judge