

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF GREENVILLE

AMENDING DEVISEES AND HEIRS

IN THE MATTER OF:

CASE NUMBER: _____

(Decedent)

Due to:

incorrect listing of heirs/devisees

filing of disclaimer by _____

other _____

The following information is hereby amended/supplemented:

4(a). Names and addresses of beneficiaries (devisees) named in the Will.

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See attached for additional devisees (check if applicable)

4(b). Names and addresses of intestate heirs who are not devisees (persons who inherit if Decedent left no Will).

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See attached for additional heirs (check if applicable)

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

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

Signature of Applicant: _____

Print Full Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Relationship to Decedent/Estate: _____