

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GREENVILLE)
)
 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): _____
 _____ . If creditor disagrees that payment cannot be made, creditor may commence a legal proceeding.

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: _____