

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)

(Decedent))

IN THE PROBATE COURT

RENUNCIATION OF FEES

CASE NUMBER: _____

The undersigned Personal Representative hereby renounces his/her right to compensation for serving as Personal Representative as follows:

all

as specified below:

Executed this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Attorney: _____

Address: _____

Telephone: _____

Email: _____