

**STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY**

PROBATE COURT

IN THE MATTER OF

CASE NUMBER

NOTICE OF DISALLOWANCE OF CLAIM

TO:

Name: _____
Address: _____

The undersigned, as the Personal Representative appointed to administer this estate, disallows (Check One) ALL \$_____ of your claim for \$_____, presented on _____. Failure to protest this disallowance of your claim, i.e., failing to file your petition for its allowance (form #373PC) in the Probate Court and failing to commence a proceeding on the claim within thirty days after the mailing of this Notice of Disallowance of Claim, shall result in your claim or the disallowed portion of your claim being forever barred.

Executed this ____ day of _____, _____.

Signature: _____
Name:
Address:

Telephone (O):
(H):

Signature: _____
Name:
Address:

Telephone (O):
(H):