

IRVIN G. CONDON
Judge of Probate

ESTATE INDEX

ESTATE OF: Lawrence Michael Joseph

CASE NO: 2014 -ES-10- 00321

<u>DESCRIPTION</u>	<u>DATE</u>	<u>INDEX NUMBER</u>
Death Certificate ~ Date of Death	<u>4-1-14</u>	<u>1</u>
Last Will & Testament ~ Date of Will	<u>3-21-14</u>	<u>2-9</u>
Codicil	<u>N/A</u>	<u>-</u>
Application/Petition	<u>4-15-14</u>	<u>10-15</u>
Creditor's Notice Selection	<u>4-15-14</u>	<u>17</u>
Bond (Personal/Surety) \$ _____ /or Waiver	<u>N/A: sample form</u>	<u>18</u>
Renunciation of Right to Administration	<u>N/A: sample form</u>	<u>19</u>
Filing Fees ~ Amount Paid <u>\$ 25.00</u>	<u>4-15-14</u>	<u>16</u>
Fiduciary Letters ; Certificate of Appt.	<u>4-15-14</u>	<u>21;20</u>
Creditor's Notice - Affidavit of Publication	<u>4-21-14</u>	<u>30</u>
Creditor's Claim Period expires (8 mos after 1 st Pub)	<u>12-21-14</u>	<u>N/A</u>
Claimant: _____ Amount _____ Filed _____ Index # _____ Disallow/Satisfied/Date _____ Index # _____		
<u>The Hospital</u> <u>\$5000.00</u> <u>7-28-14</u> <u>31</u> <u>Satisfied: 8-1-14</u> <u>32</u>		
<u>Notice: Allow/Disallow Claim</u> <u>N/A</u> <u>-</u> <u>sample form</u> <u>33</u>		
<u>Petition: Allow Claim</u> <u>-</u> <u>N/A</u> <u>-</u> <u>sample form</u> <u>34-35</u>		
Proof of Delivery: Info to Heirs/Devises	<u>4-20-14</u>	<u>22-23</u>
Inventory & Appraisalment	<u>7-15-14</u>	<u>24-27</u>
Supplemental Inventory & Appraisalment	<u>N/A</u>	<u>-</u>
Estate Fee Bill: \$ _____ Date Billed <u>7-15-14</u> Index # <u>28</u> Date Paid <u>7-15-14</u> Index # <u>29</u>		
Has Mental Health Been Notified (if applicable) Yes <u>N/A</u> N/A <u>✓</u> Clerk <u>E.C.</u>		
Deed(s) of Distribution (Check devisees/heirs Yes <u>✓</u>) <u>1-2-15</u> <u>36-38</u>		
Verified Statement to Close Estate	<u>N/A: sample form</u>	<u>39</u>
Accounting (Interim/Final)	<u>1-5-15</u>	<u>40-41</u>
Proposal for Distribution	<u>1-5-15</u>	<u>42</u>
Receipt(s) & Release(s)/Waiver(s)	<u>1-5-15</u>	<u>43-45</u>
Notice of Right to Demand Hearing	<u>1-5-15</u>	<u>46</u>
Application for Settlement	<u>1-5-15</u>	<u>47</u>
POD: Proposal/Accounting/Pet for Settlement/Notice of Hearing)	<u>1-5-15</u>	<u>48</u>
Order Closing Estate File	<u>2-14-15</u>	<u>49</u>

Disclaimer: This form is used for inter-office use only. The accuracy of this information is not guaranteed.

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER:

DECEDENT'S NAME: Lawrence Michael J. Smith

AKA:

ARMED FORCES:

DATE OF BIRTH:

TYPE OR PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH:

PLACE OF DISPOSITION:

DISPOSITION LOCATION:

METHOD OF DISPOSITION:

DECEDENT'S RESIDENCE:

PLACE OF BIRTH:

SURVIVING SPOUSE'S NAME:

FATHER'S NAME:

MOTHER'S NAME PRIOR TO FIRST MARRIAGE:

INFORMANT'S NAME:

MAILING ADDRESS:

FUNERAL HOME:

FUNERAL DIRECTOR:

EMBALMER'S NAME:

ACTUAL OR PRESUMED DATE OF DEATH:

ACTUAL OR PRESUMED TIME OF DEATH:

CAUSE OF DEATH - PART I:

CAUSE OF DEATH - PART II:

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: NA

PLACE OF INJURY: NA

LOCATION OF INJURY: NA

HOW THE INJURY OCCURRED?

NA

CERTIFIER NAME AND TITLE:

CERTIFIER'S ADDRESS:

DATE FILED:

DATE OF ISSUANCE:

SPECIAL INSTRUCTIONS:

NA

SEX: MALE

SOCIAL SECURITY NUMBER:

AGE: YEAR

COUNTY OF DEATH: CHARLESTON

MARITAL STATUS: MARRIED

RELATIONSHIP: SPOUSE

LICENSE NUMBER: ADB 3975

LICENSE NUMBER: NA

MANNER OF DEATH: NATURAL

LICENSE NUMBER:

PROBATE COURT
CHARLESTON COUNTY

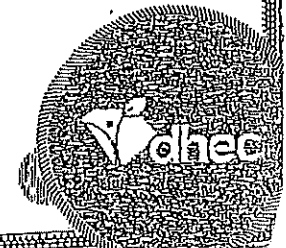
SC0006691661

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control

David L. Wilson, Jr.
Acting Director

This watermarked paper is not to be accepted without noting the watermark. Hold to light to verify watermark.

Revision Date: 12/01/2017



**LAST WILL AND TESTAMENT
OF**

Introductory Clause. I, _____ a resident of and domiciled in the County of Charleston, State of South Carolina, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils at any time heretofore made by me.

I am married to _____ I have one child at this time, _____.

ITEM I

Direction to Pay Debts with Discretionary Refinancing by Personal Representative. I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death. I direct that my Personal representative may cause any debt to be carried, renewed and refinanced from time to time upon such terms and with such securities for its repayment as my Personal Representative may deem advisable taking into consideration the best interest of the beneficiaries hereunder. If at the time of my death any of the real property herein devised is subject to any mortgage, I direct that the devisee taking such mortgage property shall take it subject to such mortgage and that the devisee shall not be entitled to have the obligation secured thereby paid out of my general estate.

ITEM II

I direct that:

(1) **Direction to Pay All Taxes from Residuary Estate.** Except as provided in (2) herein, all estate, inheritance, succession, death or similar taxes (except generation-skipping transfer taxes) assessed with respect to my estate herein disposed of, or any part thereof, or on any bequest or devise contained in this my Last Will (which term wherever used herein shall include any Codicil hereto), be paid out of my residuary estate and shall not be charged to or against any recipient, beneficiary, transferee or owner of any such property or interests in property included in my estate for such tax purposes.

(2) **Apportion Taxes on Nonprobate Property.** All such taxes in respect to any property or interests in property included in my gross estate under Sections 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, and 2043 of the Internal Revenue Code shall be charged against and paid by the recipient or beneficiary of such property or interest in property or from the property or interest in the property provided, however: (a) there shall be no apportionment against any donor or recipient of any such property or interest in

property which is a qualified charity under Section 2055 and the property or interest in property was allowed in my federal estate tax proceedings as a charitable deduction; (b) there shall be no apportionment against my surviving wife, if she is a donee or recipient of any such property or interest in property and the property or interest in property was allowed in my federal estate tax proceedings as a charitable deduction under I.R.C. Section 2056. The amount of the tax to be charged against such donee or recipient shall be determined by multiplying a fraction (the numerator of which shall be the federal estate tax value of the property to be apportioned as finally determined in my federal estate tax proceedings and the denominator of which shall be the total value of my taxable estate for such federal estate tax purposes) times the net amount of such taxes payable by my estate after the application of all credits against such taxes.

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ITEM III

General Bequest of Personal and Household Effects With a Mandatory Memorandum. I give and bequeath all my personal and household effects of every kind including but not limited to furniture, appliance, furnishings, pictures, silverware, china, glass, books, jewelry, wearing apparel, boats, automobiles, and other vehicles, and all policies of fire, burglary, property damage, and other insurance on or in connection with the use of this property, as follows:

(1) I may leave written memoranda disposing of certain items or my tangible personal property. Any such item of tangible personal property shall pass according to the terms of such memoranda in existence at the time of my death. If no such written memoranda is found or identified by my Personal Representative's qualification, it shall be conclusively presumed that there is no such memoranda and any subsequently discovered memoranda shall be ineffective. Any property given and devised to a beneficiary who is not living at the time of my death and for whom no effective alternative provision has been made shall pass according to the provisions of the following paragraph, and not pursuant to any anti-lapse statute.

(2) In default of such memoranda, or to the extent such memoranda do not completely or effectively dispose of such property, I give and bequeath the rest of my personal and household effects of every kind to my wife, _____, if she shall survive me. If my wife shall not survive me, I give and bequeath all the property to my children surviving me, in approximately equal shares; provided, however, the issue of a deceased child surviving me shall take per stirpes the share that parent would have taken had he or she survived. If my issue do not agree to the division of the property among themselves, my Personal Representative shall make such division among them, the decision of my Personal Representative to be in all respects binding upon my issue. If any beneficiary hereunder is a minor, my Personal Representative may distribute such minor's share to such minor or for such minor's use to any person with whom such minor is residing or who has the care or control of such minor without further responsibility and the receipt of the person to whom it is distributed shall be a complete discharge of my Personal Representative. The cost of packing and shipping such property shall be charged against my estate as an expense of administration.

Specific Devise of automobile. I give and devise to _____
any automobile that I may own.

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ITEM V

Specific Devise of Residential Property (Not Identified). I give and devise to _____, if she shall survive me, any interest which I own at the time of my death in the house and lot which I occupy as my residence at time of my death. If this property at the time of my death is subject to any mortgage, then this devise shall be subject thereto and the devisee shall not be entitled to have the obligation secured by such mortgage paid out of my general estate.

ITEM VI

Outright Gift of All Property to Wife Contingent Gift to Issue. I give, devise and bequeath all the rest, residue and remainder of my property of every kind and description (including lapse legacies and devises) wherever situate and whether acquired before or after the execution of this Will, absolutely in fee simple to my wife, _____, if she shall survive me. If she shall not survive me, then I give, devise and bequeath all of the property to my surviving children in equal shares, provided, however, the ten living issue of a deceased child of mine shall take per stirpes the share their parent would have taken had he or she survived me.

ITEM VII

Naming the Personal Representative, Personal Representative Succession, Personal Representative's Fees and other Matters. The provisions for naming the Personal Representative, Personal Representative succession, Personal Representative's fees and other matters are set forth below:

(1) Naming an Individual Personal Representative. I hereby nominate, constitute, and appoint as Personal Representative of my Last Will and Testament _____ and direct that she shall serve without bond.

(2) Naming Individual Successor or Substitute Personal Representative. If my individual Personal Representative shall fail to qualify as Personal Representative hereunder, or for any reason should cease to act in such capacity, the successor or substitute

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Personal Representative who shall also serve without bond shall be

(3) **Final Succession of Individual Successor Personal Representative Cannot Act.** If my individual successor Personal Representative should fail to qualify as Personal Representative hereunder or for any reason should cease to act in such capacity, then the successor or substitute Personal Representative who shall also serve without bond shall be

(4) **Fee Schedule for Individual Personal Representative.** For its services as Personal Representative, the individual Personal Representative shall receive reasonable compensation for the services rendered and reimbursement for reasonable expenses.

(5) **Fee Schedule for Corporate Personal Representative.** For its services as Personal Representative, the corporate Personal Representative shall receive an amount determined by its Standard Fee Schedule in effect and applicable at the time of the performance of such services. If no such schedule shall be in effect at that time, it shall be entitled to reasonable compensation for the services rendered.

(6) **Change in Corporate Fiduciary.** Any corporate successor to the trust business of the corporate fiduciary designated herein or at any time acting hereunder shall succeed to the capacity of its predecessor without conveyance or transfer.

ITEM VII

Definition of Personal Representative. Whenever the word "Personal Representative" or any modifying or substituted pronoun therefor is used in this my Will, such words and respective pronouns shall include both the singular and the plural, the masculine, feminine and neuter gender thereof, and shall apply equally to the Personal Representative named herein and to any successor or substitute Personal Representative acting hereunder, and such successor or substitute Personal Representative shall possess all the rights, powers and duties, authority and responsibility conferred upon the Personal Representative originally named herein.

ITEM IX

Powers for Personal Representative. By way of illustration and not of limitation and in addition to any inherent, implied or statutory powers granted to Personal Representatives generally my Personal Representative is specifically authorized and empowered with respect to any property, real or personal at any time held under any provision of this my Will: to allot, allocate between principal and income, assign, borrow, buy, care for, collect, compromise claims, contract with respect to, continue any business of mine, convey, convert, deal with, dispose of, enter into, exchange, hold, improve incorporate any business of mine, invest, lease, manage, mortgage, grant and exercise options with respect to, take possession of, pledge, receive, release, repair, sell, sue for, to make distributions or divisions in cash or in kind or partly in each without regard to the

income tax basis of such asset, and in general, to exercise all the powers in the management of my Estate which any individual could exercise in the management of similar property owned in his or her own right, upon such terms and conditions as to my Personal Representative may seem best, and to execute and deliver and all instruments and to do all acts which my Personal Representative may deem proper or necessary to carry out the purposes of this will, without being limited in any way by the specific grants of power made, and without the necessity of a court order.

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ITEM X

Provision for Personal Representative to Act as Trustee for Beneficiary Under Age Twenty-Five. If any share or property hereunder becomes distributable to a beneficiary who has not attained the age of Twenty-five (25) years or if any real property shall be devised to a person who has not attained the age of Twenty-five (25) years at the date of my death, then such share or property shall immediately vest in the beneficiary, but notwithstanding the provisions herein, my Personal Representative acting as Trustee shall retain possession of the share or property in trust for the beneficiary until the beneficiary attains the age of Twenty-five (25), using so much of the net income and principal of the share or property as my Personal Representative deems necessary to provide for the proper support, medical care, and education of the beneficiary, taking into consideration to the extent my Personal Representative deems advisable any other income or resources of the beneficiary or his or her parents known to my Personal Representative. Any income not so paid or applied shall be accumulated and added to principal. The beneficiary's share or property shall be paid over, distributed and conveyed to the beneficiary upon attaining age Twenty-five (25) – receiving one third - or if he or she shall sooner die, to his or her personal representatives. Then one third shall be issued to the beneficiary at age Thirty (30) years and one third shall be issued to the beneficiary at age Thirty-five (35) years. Whenever my Personal Representative determines it appropriate to pay any money for the benefit of a beneficiary for whom a trust is created hereunder, benefit of a beneficiary for whom a trust is created hereunder, benefit of a beneficiary for whom a trust is created hereunder then the amounts shall be paid out by my Personal Representative in such of the following ways as my Personal Representative deems in such of the following ways as my Personal Representative deems best: (1) directly to the beneficiary; (2) to the legally appointed guardian of the beneficiary; (3) to some relative or friend for the care, support and education. My Personal Representative as trustee shall have with respect to each share or property so retained all the powers and discretions conferred upon it as Personal Representative.

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Discretion Granted to Personal Representative in Reference to Tax Matters.
My Personal Representative as the fiduciary of my estate shall have the discretion, but shall

not be required when allocating receipts of my estate between income and principal, to make adjustments in the rights of any beneficiaries, or among the principal and income accounts to compensate for the consequences of any tax decision or election, or of any investment or administrative decision, that my Personal Representative believes has had the effect, directly or indirectly, of preferring one beneficiary or group of beneficiaries over others; provided, however, my Personal Representative shall not exercise its discretion in a manner as may be herein provided. In determining the state or federal estate and income tax liabilities of my estate, my Personal Representative shall have discretion to select the valuation date and to determine whether any or all of the allowable administration expenses in my estate shall be used as state or federal estate tax deductions or as state or federal income tax deductions. I shall have the discretion to file a joint income tax return with my wife.

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ITEM XII

Definition of Children. For purposes of this Will, "children" means the lawful blood descendants in the first degree of the parent designated; and "issue" and "descendants" mean the lawful blood descendants in any degree of the ancestor designated; provided, however, that if a person has been adopted, that person shall be considered a child of such adopting parent and such adopted child and his or her issue shall be considered as issue of the adopting parent or parents and of anyone who is by blood or adoption an ancestor of the adopting parent or either of the adopting parents. The terms "child," "children," "issue," "descendant" and "descendants" or those terms preceded by the terms "living" or "then living" shall include the lawful blood descendant in the first degree of the parent designated even though such descendant is born after the death of such parent.

The term "per stirpes" as used herein has the identical meaning as the term "taking by representation" as defined in the South Carolina Probate Code.

ITEM XIII

Definition of Words Relating to the Internal Revenue Code. As used herein, the words "gross estate," "adjusted gross estate," "taxable estate," "unified credit," "state death tax credit," "maximum marital deduction," "marital deduction," "pass," and any other word or words which from the context in which it or they are used refer to the Internal Revenue Code shall have the same meaning as such words have for the purposes of applying the Internal Revenue Code to my estate. For purposes of this Will, my "available generation-skipping transfer exemption" means the generation-skipping transfer tax exemption provided in section 2631 of the Internal Revenue Code of 1986, as amended, in effect at the time of my death reduced by the aggregate of (1) the amount, if any, of my exemption allocated to lifetime transfers of mine by the only operation of law, and (2) the amount, if any, I have specifically allocated to other property of my gross estate for federal estate tax purposes. For purposes of this Will, at the time of my death I have made gifts

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DO PROPER ESTATE PLANNING

with an inclusion ratio of greater than zero for which the gift tax return due date has not expired (including extensions) and I have not yet filed a return, it shall be deemed that my generation-skipping transfer exemption has been allocated to these transfers to the extent necessary (and possible) to exempt the transfer(s) from generation skipping transfer tax. Reference to Sections of the Internal Revenue Code (including the Internal Revenue Code) shall refer to the Internal Revenue Code amended to the date of my death.

Provision for Appointment by a Married Person of a Testamentary Guardian.

If my wife shall predecease me, or if my wife dies after my death without having appointed a testamentary guardian for our minor child or children of ours, then I hereby nominate, constitute and appoint James Client as testamentary guardian of the person and the property of such minor child or children and to the extent allowed by law direct that such guardian shall serve without bond.

ITEM XV

Simultaneous Death Provision Presuming Beneficiary Predeceased Testator.

If any beneficiary and I should die under such circumstances as would make it doubtful whether the beneficiary or I died first, then it shall be conclusively presumed for the purposes of this Will that the beneficiary predeceased me.

Testimonium, Attestation and Self-Proving Affidavit

I, _____ the Testator, sign my name to this instrument this _____ day _____, 2002 and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his Last Will and that he signs it willingly (or willingly directs another to sign for him), and that each of us, in the presence and hearing of the Testator, and in the presence of each other,

hereby signs this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age, single, of sound mind, and under no constraint or undue influence.

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(WITNESS)

(WITNESS)

THE STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

Subscribed, sworn to, and acknowledged before me by _____, the Testator, and subscribed and sworn to before me by _____ and _____, witnesses, this _____ day of _____, 20____.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: _____

SAMPLE

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STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014ES10
- 00321

***COMPLETE THIS SECTION ONLY IF FILING PETITION FOR FORMAL TESTACY AND/OR FORMAL APPOINTMENT**

*
,
Petitioner(s)

vs.

*
,
Respondent(s)

APPLICATION FOR INFORMAL

(check any that apply)

PROBATE OF WILL

APPOINTMENT

***PETITION FOR FORMAL**

TESTACY

APPOINTMENT

If this is a formal filing, please explain on page 4 or attach pleadings pursuant to *SC Rules of Civil Procedure*.

***NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO THIS FORM PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC), AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

I. ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS SECTION.

1. Applicant/Petitioner(s): Harriet Frances Joseph
Address: 189 Tracy Street, Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2224
(Cell): n/a
Email: HFJ@aol.com
Relationship to Decedent: Wife

2. Decedent Information:

Full Legal Name (including all known names): Lawrence Michael Joseph
Date of Birth: November 16, 1927
Date of Death: April 1, 2014
Age at Date of Death: 86

3. Venue for this proceeding is proper in this County because:

- Decedent was domiciled in this County at date of death:
Address: County: State: South Carolina. 189 Tracy St., Charleston
- Decedent was **not** domiciled in **South Carolina**, but property of Decedent was located in this County at date of death at:
Address: County: State: South Carolina
- Decedent has a right to take legal action in this County because:

If the above address is the address of a nursing home, prison, or other residential facility, please give the last address of the Decedent prior to entering a facility:

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

Full Legal Name (including all known names)	Year of Birth	Full Address	Email Address	Relationship to Decedent
Harriet F. Joseph	1948	189 Tracy Street Chas, SC 29401	HFJ@aol.com	Wife
Lawrence M. Joseph	1970	840 New Street Chas, SC 29401	LMJ@aol.com	Son
Joanne K. Joseph	1975	605 Sheldon Road Naples, FL 33330	JKJ@aol.com	Daughter

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	Email Address	Relationship to Decedent
Marion Ann Joseph	1976	1 Artic Avenue Folly Beach SC 29439	MAJ@aol.com	Daughter
Raymond A. Joseph	1980	0 Savage Street	RAJ@aol.com	Son

See attached for additional intestate heirs (check if applicable).

4(c). Did all of the above persons survive one hundred and twenty (120) hours since the death of Decedent?

YES NO If no, please explain on page 4.

5. Did Decedent have any change of marital status or the birth or adoption of any children after execution of this Will, if one exists, or has any child of the Decedent been born since his/her death, or is any birth of a child of the Decedent anticipated? (This includes illegitimate children.)

NO YES If yes, please explain, on page 4.

6. To the best of your knowledge, was the Decedent a patient in a non-private State of South Carolina mental health facility during his/her lifetime?

NO YES If yes, please explain, on page 4.

7. Has a Guardian or Conservator ever been appointed by a Court for this person?

NO YES If yes, please explain on page 4.

8. Has a Personal Representative of the Decedent been appointed prior to this date by a Court in this state or elsewhere?

NO YES If yes, please state details, including name and address of such Personal Representative on page 4.

9. Have you received or are you aware of any Demands for Notice (FORM #111ES D) of any probate or appointment proceeding concerning the Decedent that may have been filed in this state or elsewhere?

NO YES If yes, please state details, including names and addresses on page 4.

10. Have more than ten (10) years passed since the Decedent's death?

NO YES If yes, please state circumstances authorizing tardy probate on page 4.

11(a). Did the Decedent own probate real estate?

NO YES If yes, an approximate value of \$ TBD (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(b). Did the Decedent own probate personal property?

NO YES If yes, an approximate value of \$ TBD (Note: A complete inventory of probate assets with fair market values is to be filed after Personal Representative is appointed.)

11(c). Are you seeking appointment as Personal Representative in order to pursue civil litigation on behalf of the Decedent's estate? Is there a civil litigation attorney?

NO YES If yes, please provide the name of the civil litigation attorney: _____

11(d). At the time of Decedent's death, was he or she involved in any pending civil litigation? Is there a civil litigation attorney?

NO YES If yes, please state the circumstances and name of attorney on page 4.

11(e). If you answered NO to questions 11(a) - 11(d) above, but are seeking the appointment of a Personal Representative, please explain why the appointment is requested on page 4.

12. Have you made a diligent search for a Will of the Decedent?

YES
 NO If no, please explain on page 4.

II. IF A WILL EXISTS, PLEASE COMPLETE THIS SECTION.

1. Regarding the Decedent's Will:

- The original is attached.
- The original is in the Court's possession.
- An exemplified (authenticated) copy of a Will probated in another jurisdiction is attached.
- An exemplified (authenticated) copy of a Will not probated in another jurisdiction is attached.
- The original of the Will is lost, destroyed, or otherwise unavailable, however, a copy or a description of its contents is attached. (for formal proceeding, explain below or attach supplemental pleadings)

2. The execution date of the Will was: March 21, 2014
Codicil(s): N/A

3. Is there a memorandum that disposes of tangible personal property pursuant to 62-2-512?

NO YES If yes, attach hereto.

4. To the best of your knowledge, do you believe the Will listed above is the Decedent's validly executed last Will?

YES NO If no, please explain on page 4.

5. To the best of your knowledge, is any witness to the will an "interested witness" (i.e., does the will make any devise to a witness, a witness's spouse, or a witness's issue)?

NO YES If yes, please explain on page 4.

COMPLETE EXPLANATION(S) FOR QUESTIONS IN SECTIONS I and II HERE.

(If more space is required, use additional sheets.)

III. IF APPLYING FOR INFORMAL OR FORMAL APPOINTMENT, PLEASE COMPLETE THE FOLLOWING.

1. If the Applicant/Petitioner is not the proposed Personal Representative(s), list name and address of the person you are proposing be appointed as the fiduciary:

2. Priority for appointment of the proposed Personal Representative (whether applicant or nominee) is:

- named as Primary Personal Representative in Will
- named as Alternate Personal Representative in Will
- nominee of Primary Personal Representative in Will
- nominee of Alternate Personal Representative in Will
- surviving spouse of Decedent who is devisee of Decedent or nominee of said spouse
- other devisee of Decedent (describe): _____ or nominee of said devisee
- surviving spouse of Decedent or nominee of said spouse
- other heir of Decedent (describe): _____ or nominee of said heir
- creditor (forty-five (45) days after death must have passed) or nominee of creditor; written statement of claim, FORM 371ES, is attached
- other (describe): _____

3. List below the name(s) of any other person(s), if any, having an equal or higher priority of appointment than the proposed Personal Representative:

None

IV. ALL APPLICANTS/PETITIONERS MUST COMPLETE VERIFICATION.

VERIFICATION

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, and hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this 15th day
of Apr, 2014

Signature of Applicant/Petitioner: Harriet F. Joseph

Nick Notary

Notary Public for South Carolina
My Commission Expires: 12-15-2020

Signature of Co-Applicant/Co-Petitioner: _____

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

Notary Public for South Carolina
My Commission Expires: _____

(13)

ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a Will executed 3/21/14 and

- Codicil executed _____ and
- Memorandum

be informally GRANTED DENIED.

Executed this 15th day of Apr. 2014

Jurri G. Gordon
_____, Probate Court Judge

For formal probate of Will, see separate order executed _____.

ORDER OF INFORMAL APPOINTMENT

IT IS HEREBY ORDERED that the above Application for Appointment be granted upon the filing of an appropriate bond, if applicable, and upon the signing of the Qualification and Statement of Acceptance of appointment.

Bond

- Fiduciary Bond in the amount of \$ _____
- Bond not required for Personal Representative nominated by Will
- Bond not required as Personal Representative is sole heir or sole devisee
- Bond not required as Personal Representative is state agency, bank, or trust company
- Bond waivers filed
- See order dated _____
- Other: _____

Notice to Creditors

- Required
- Not Required

Executed this 15th day of Apr. 2014.

Jurri G. Gordon
_____, Probate Court Judge

For formal appointment of Personal Representative, see separate order executed _____.

(14)

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Personal Representative of this estate. I further submit personally to the jurisdiction of the Court in any proceeding relating to the Estate.

Signature: Harriet F. Joseph
Print Name: Harriet F. Joseph
Address: 189 Tracy Street
Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2224
(Cell): N/A
Email: H.F.J.2901.com

Signature: _____
Print Name: _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

*Attorney: Can Help You, Esquire
Address: Broad Street
Charleston SC 29401
Telephone: (843) 111-1111
Email: attorney@law.com

***By completing this information, attorney is designated as attorney of record for assisting Personal Representative until proper withdrawal.**

Charleston County Probate Court
Irvin G. Condon, Judge of Probate
84 Broad Street
Charleston, SC 29401
843-958-5030
www.charlestoncounty.org

Receipt Number

321928

Date

User ID

Case Number

2014ES10-00321

Case Name

Lawrence Michael Joseph

Paid By:

Harriet F. Joseph

Items

OPEN A CASE

Paid

\$25.00

Total Paid:

\$25.00

PaymentType: CHECK

Check #: 1502

MEMO:

May get two receipts

- fee to open estate
- fee for publication

(16)

**CHARLESTON COUNTY PROBATE COURT
CREDITOR'S NOTICE**

ESTATE OF: Lawrence Michael Joseph
CASE NUMBER: 2014 ES 10 - 00321

I hereby request that you publish the Creditor's Notice for the above referenced estate in the following newspaper:

<u>INITIAL SELECTION</u>	<u>NEWSPAPER</u>	<u>COST</u>
<u>HJFJ</u>	The Moultrie News @	\$30.00
_____	The Post & Courier @	\$120.00
_____	Charleston City Paper @	\$50.00

I have enclosed my check payable to the Charleston County Probate Court for the appropriate fee.

Harriet F. Joseph
Personal Representative

** Note: Prices are subject to change if newspaper rates change.

Rev: March 31, 2021

(17)

The personal representative selects one newspaper and provides a separate payment for the publication fee.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

FIDUCIARY BOND

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014 ES10-00321

We, Harriet Frances Joseph (Personal Representative), as principal, and Insure You, LLC a corporation duly licensed to do business in South Carolina, as Surety, are held and bound unto the Charleston County Probate Court Judge in the sum of Fifteen Thousand (\$ 15,000.00) Dollars, to be paid to the Probate Court Judge or his/her successors of this County. We jointly and severally bind each of ourselves, our heirs, fiduciaries, and assigns for the entire amount. The principal and the surety consent to the jurisdiction of this Probate Court in any proceeding pertaining to the fiduciary duties of the Personal Representative.

THE CONDITION OF THE ABOVE OBLIGATION IS, that if the above bound principal shall faithfully discharge the duties of his/her trust as Fiduciary of the person and/or estate in this matter, according to law, then the above obligation is to be void, else to remain in full force.

Executed this 15th day of April, 202014

*Witness Signature: Wally Witnoss
Print Witness Name: Wally Witnoss

Principal Signature: Harriet Frances Joseph
Print Principal Name: Harriet Frances Joseph
Principal Address: 189 Tracy Street
Charleston SC 29401

Bonding Company: Insure You Nationwide LLC
Home Office: Insure You Nationwide LLC
Address: 778 Park Avenue
New York, NY 99999
Telephone: (800) 111-2222

S.C. Bonding Company Agency: Insure You in SC, LLC
By Attorney In Fact:
Print Agent Name: Jay Bond
Agency Address: 1959 Broad Street
Charleston SC 29401
Telephone: (843) 777-6666

*Not Applicable
For Our Example*

*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF

**RENUNCIATION OF RIGHT TO ADMINISTRATION
AND/OR NOMINATION AND/OR WAIVER OF BOND**

IN THE MATTER OF:

CASE NUMBER:

(Decedent)

By renouncing my right to serve as Personal Representative, I am informing the Court that I do not want to be the Personal Representative to administer the estate. **I am not giving up any interest in the estate or inheritance rights by signing this document.**

The undersigned hereby (check all that apply):

- renounces his/her right to serve as Personal Representative of the above-captioned estate.
- renounces his/her right to serve as Personal Representative of the above-captioned estate so long as the following nominee serves as Personal Representative:
 Name: _____
 Address: _____

- agrees to waive bond for the person(s) nominated above.

I understand this is effective only to the extent the law allows for nomination and waiver of bond.

Executed this _____ day of _____, 20____.

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

Signature: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My commission expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Relationship to Decedent/Estate: _____

Not used in our example

(19)

STATE OF SOUTH CAROLINA

) IN THE PROBATE COURT

COUNTY OF CHARLESTON

) CERTIFICATE OF APPOINTMENT

IN THE MATTER OF:
LAWRENCE MICHAEL JOSEPH
(Decedent)

) CASE NUMBER: 2014ES1000321

)
)
)

This is to certify that

HARRIET FRANCES JOSEPH

is/are the duly qualified

- PERSONAL REPRESENTATIVE
- SUCCESSOR PERSONAL REPRESENTATIVE
- SPECIAL ADMINISTRATOR

in the above matter and that this appointment, having been executed on the 15TH day of April, 2014, is in full force and effect.

RESTRICTIONS: NONE

Executed this 15TH day of April, 2014.

Estate Clerk

Irvin G. Condon, Probate Court Judge
BY ESTATE CLERK

20

STATE OF SOUTH CAROLINA)	IN THE PROBATE COURT
)	
COUNTY OF CHARLESTON)	FIDUCIARY LETTERS
)	
IN THE MATTER OF:)	CASE NUMBER: <u>2014ES10-00321</u>
LAWRENCE MICHAEL JOSEPH)	
<u>(Decedent)</u>)	

- PERSONAL REPRESENTATIVE
- SUCCESSOR PERSONAL REPRESENTATIVE
- SPECIAL ADMINISTRATOR

On the 15th day of April, 2014, HARRIET FRANCES JOSEPH was/were appointed and qualified as Fiduciary(ies) of the above matter by this Court, with all the authority granted to a fiduciary by law.

NOW, THEREFORE, LETTERS are issued as evidence of such appointment, qualification, and authority of the above fiduciary(ies) to do and to perform all acts which may be authorized by law.

RESTRICTIONS: NONE

Executed this 15TH day of April, 2014.



Irvin G. Condon, Probate Court Judge
 Lenna S. Kirchner, Associate Judge
 Peter A. Kouten, Associate Judge
 David L. Michel, Associate Judge



STATE OF SOUTH CAROLINA

COUNTY OF: CHARLESTON

IN THE MATTER OF:

Lawrence Michael Joseph
Decedent

IN THE PROBATE COURT
INFORMATION TO HEIRS AND DEVISEES

CASE NUMBER: 2014ES10-00321

On _____, Application/Petition was made to the Probate Court of
CHARLESTON County, at 84 BROAD STREET CHARLESTON, SC 29401, for the
(check all that apply):

INFORMAL

FORMAL

PROBATE OF WILL

TESTACY

APPOINTMENT

APPOINTMENT

in the above matter.

(Complete if applicable) The decedent's will dated March 21, 2014

and codicil(s) dated N/A and Memorandum(s)

dated N/A was/were presented.

Bond HAS HAS NOT been filed.

This notice is being sent to persons who have or may have some interest in the estate.

PLEASE NOTE: This form is required to be sent to all potential devisees and heirs of Decedent. Receipt of this form does not mean that you will inherit from the Decedent. You may review the file in the Probate Court or see an attorney if you desire further information.

My application/petition was granted within the past thirty (30) days on April 15, 2014.

Applicant/Personal Representative Name: Harriet Frances Joseph

Address: 189 Tracy Street
Charleston SC 29401

Telephone (Work): (843) 999-8888

(Home): (843) 654-2224

(Cell): n/a

Email: HFJ@aol.com

Co-Applicant/Co-Personal Representative Name: _____

Address: _____

Telephone (O): _____

(H): _____

(Cell): _____

Email: _____

Attorney: _____

Address: _____

Telephone: _____

22

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

PROOF OF DELIVERY

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014 ES 10-00321

On the 20th day of April, 2014, I mailed or delivered the following document(s):

Information To Heirs and Devisees

- A copy of which is attached hereto and incorporated herein, or
- The original of which is on file with the Court.

Delivery was accomplished by the following method (check appropriate box):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail
- electronic message (Article 7, Trust matters only)

to each of the following persons at the address shown:

NAME	ADDRESS
<u>Lawrence M. Joseph, Jr.</u>	<u>840 New Street, Charleston SC 29401</u>
<u>Joanne K. Joseph</u>	<u>65 Sheldon Road, Naples, FL 33330</u>
<u>Marion Ann Joseph</u>	<u>1 Artic Avenue, Folly Beach, SC 29439</u>
<u>Raymond A. Joseph</u>	<u>O Garage Street, Charleston, SC 29401</u>

SWORN to before me this 20th day of
April, 2014
Nick Notary
Notary Public for South Carolina
My Commission Expires: 12-15-2020

Signature: Harriet F. Joseph
Print Name: Harriet Frances Joseph
Address: 189 Tracy Street
Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2224
(Cell): N/A
E-mail: H.F.J@aol.com
Relationship to Decedent/Estate: Wife

23

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: CHARLESTON)
)
 IN THE MATTER OF: Lawrence Michael)
 Joseph)
 (Decedent))

IN THE PROBATE COURT

INVENTORY AND APPRAISEMENT

ORIGINAL
 AMENDED #
 (must restate the unchanged information from the original Inventory)

CASE NUMBER: 2014ES10-00321

File the original Inventory and Appraisement with the Probate Court within ninety (90) days following the fiduciary appointment.
 A copy shall be sent to each interested person who has demanded it. A Proof of Delivery must be filed with the Court. The gross fair market value of all probate assets, regardless of location (whether in this state or elsewhere), should be listed as of the date of death. Continue on additional sheets if necessary. An Amended Inventory should be utilized for correcting, adjusting or adding to an original inventory, and *must restate the unchanged information from the original Inventory*. A qualified and disinterested appraiser may be employed to ascertain the value of any asset. If an appraiser is employed, his/her name and address must be indicated with the item or items he/she appraised.

RECAPITULATION

	Non-Probate (OPTIONAL)	Probate
Schedule A - Real Estate		\$ 75,000.00
Schedule B - Stocks and Bonds		\$ 15,000.00
Schedule C - Notes Due Decedent and Cash		\$ 20,000.00
Schedule D - Insurance on Decedent's Life - Part 1 - Payable to Estate		\$ 30,000.00
Part 2 - Payable to Beneficiary.....	\$ 110,000.00	
Schedule E - Jointly Owned Property	\$ 4,510,000.00	
Schedule F - Other Miscellaneous Assets Payable to Estate.....		\$ 12,000.00
Schedule G - Transfers During Decedent's Life	\$ 1,100,000.00	\$ 0
Schedule H - Powers of Appointment.....	\$ 0	\$ 0
Schedule I - Annuities and Retirement Accounts	\$ 500,000.00	\$ 100,000.00
GROSS VALUE OF PROBATE ESTATE		\$ 252,000.00

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisement of all probate real and personal property of this estate so far as the undersigned is informed; that he/she has estimated and/or appraised all listed property at its fair market value, according to the best of his/her knowledge and ability.

SWORN to before me this 15th day of July, 2014
Nick Notary
 Notary Public for South Carolina
 My Commission Expires: 12-13-2020

Personal Representative
 Signature: Harriet F. Joseph
 Print Name: Harriet Frances Joseph
 Address: 189 Tracy Street
Charleston SC 29401
 Telephone (Work): (843) 999-8888
 (Home): (843) 654-2224
 (Cell): N/A
 (Email): H.F.J. @ aol.com

Attorney: Can Help You Esquire
 Address: 350 2nd Street
Charleston SC 29401
 Telephone: (843) 111-1111
 Email: att@canhelpyou.com

Co-Personal Representative
 Signature (if applicable): _____
 Name: _____
 Address: _____
 Telephone (Work): _____
 Telephone (Home): _____
 (Cell): _____
 (Email): _____

24

WHEN COMPLETING THE FOLLOWING SCHEDULES LIST ALL PROBATE ASSETS, REGARDLESS OF LOCATION. ALL OUT-OF-STATE PROBATE ASSETS MUST BE DISCLOSED. NON-PROBATE PROPERTY NEED NOT BE DISCLOSED.

SCHEDULE A – REAL ESTATE. List below any real estate in Decedent's name alone or tenants in common (not as joint with right of survivorship or tenants in the entirety). Describe each property by listing its full address, tax map number, deed book and page, and description consistently (for example: house, lot, buildings, acreage). Also list oil/mineral rights and time shares if it is real property. If none, so state. If the property is encumbered, list the full fair market value of the property here and the encumbrance on the Encumbrance Schedule below. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	% owned by Decedent	Fair Market Value	Value of Decedent's interest
1.	Tax Map Number: 189 Tracy St, Chas SC	50%	\$ 80,000.	\$ 40,000
2.	Tax Map Number: Lot: Ty Lane Ave, Chas SC	100%	25,000.	25,000
3.	Tax Map Number: 10 Kelly Ave, South Bend, TN	100%	10,000.	10,000
TOTAL SCHEDULE A			\$	75,000

(also enter under recapitulation, page 1)

SCHEDULE B – STOCKS AND BONDS. List below all stocks and bonds in the Decedent's name alone or tenants in common (not as joint with right of survivorship). Identify each type of security and the number of shares. If none, so state. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Face Value	Appraised Value
1.	A&C, Inc. - Common Stock - 100 Shares	\$ 100	\$ 10,000.00
2.	XIZ, Inc - Common Stock - 50 Shares	100	5,000.00
3.	Green Bay Packers - 1 Share - Non voting	0	0 (actually priceless)
4.			
TOTAL SCHEDULE B			\$ 15,000.00

(also enter under recapitulation, page 1)

SCHEDULE C – CASH, BANK ACCOUNTS, NOTES RECEIVABLES. List all bank accounts owned by Decedent alone or as tenants in common (checking, savings, CDs, money market, brokerage, employment bonus, cash award, final paycheck, etc.), cash on hand, notes payable to Decedent, and survival action proceeds. If none, so state. List each separate account type and institution and last two digits of the account. (For jointly owned property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Value
1.	Bank of the United States - # XX013	\$ 11,000
2.	" " " - # XX013	5,000
3.	Note Receivable due from Norton, Inc	4,000
TOTAL SCHEDULE C		\$ 20,000

(also enter under recapitulation, page 1)

SCHEDULE D - LIFE INSURANCE (If none, so state.)

Part 1 - Life Insurance – List the insurance on the life of the Decedent which is payable to the Estate.

Item No.	Description	Value
1.	Wild Kingdom Whole Life - payable to the Estate	\$ 30,000.00
2.		
3.		
TOTAL PART 1		\$ 30,000.00

(also enter under recapitulation, page 1)

(If more space is required, insert additional sheets of same size.)

Part 2 (OPTIONAL) - You may list here the insurance on the life of the Decedent which is payable to beneficiaries.

Item No.	Description	Beneficiary	Value
1.	Aetna Term Life Insurance	Janie Niece	\$ 100,000
2.	Good Hands Insurance	Professor Alan	10,000
3.			

TOTAL PART 2 \$ 110,000.00
 (also enter under recapitulation, page 1)

SCHEDULE E - (OPTIONAL) JOINT WITH RIGHT OF SURVIVORSHIP— You may list below any non-probate property jointly owned by the Decedent with another with right of survivorship. List each separate account type and institution and the last two digits of each account.

Item No.	Description	Joint Owner(s)	Percentage Includible	Value of Decedent's Interest
1.	State Bank: # 299	Raymond Joseph	50%	1,000,000.00
2.	2 Fair St. Chas SC 29414	Marion Joseph	50%	500,000.00
3.	Reliable Bank: # 756	Harriet Joseph	50%	10,000.00

TOTAL SCHEDULE E \$ 1,510,000.00
 (also enter under recapitulation, page 1)

SCHEDULE F - OTHER MISCELLANEOUS ASSETS PAYABLE TO ESTATE. List below any tangible personal property, including household goods & furnishings, vehicles, boats/motors/trailers, mobile homes that are not de-titled (Include year/make/model/VIN, if applicable), airplanes, equipment, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, including coins, guns, artwork, jewelry, etc., and any other miscellaneous probate items not listed elsewhere, including any digital assets. If none, so state. (For jointly owned tangible personal property with right of survivorship, you may list in Schedule E.)

Item No.	Description	Value
1.	Baseball cards incl. Hank Aaron Card	\$ 10,000.00
2.	Car: 1962 Valiant named Millie VIN: 56JK196	1,000.00
3.	Morris Island Lighthouse Brick-repainted	1,000.00
4.		
5.		

TOTAL SCHEDULE F \$ 12,000.00
 (also enter under recapitulation, page 1)

NOTE: FOR SCHEDULES G, H, AND I. LIST VALUES ONLY IF PAYABLE TO ESTATE.

SCHEDULE G - TRANSFERS DURING DECEDENT'S LIFE. List any transfers intended to take effect at death if such property is payable to the Estate. You may list in the "Optional" section below any non-probate transfers intended to take effect at death not payable to the Estate, including United States Government Bonds "Payable on Death," accounts which are "Transfer on Death," a trust created by Decedent in which income for life was retained by the Decedent, power to revoke or other incidents of ownership retained by the Decedent, lifetime transfers of real property in which Decedent retained life estate, etc. If none, so state.

List date and type of transfer and list total amount payable to estate:

1.		
2.		

(OPTIONAL) describe and list amounts not payable to estate:

1.	Feel Good Trust	\$ 1,000,000.00
2.	POD Account at Local Child Bank	100,000.00

TOTAL SCHEDULE G \$ 1,100,000.00
 (also enter under recapitulation, page 1)

(If more space is required, insert additional sheets of same size.)

26

SCHEDULE H – POWERS OF APPOINTMENT. List property, both real and personal, over which Decedent possessed a Power of Appointment whether testamentary or otherwise, if such property is payable to the Estate. You may list property subject to such power if it was not payable to the Estate in the "Optional" section below. If none, so state.

Describe and list total amount payable to estate:

1.	N/A	
2.		

(OPTIONAL) describe and list amounts not payable to estate:

1.	N/A	
2.		

TOTAL SCHEDULE H \$ 0
 (also enter under recapitulation, page 1)

SCHEDULE I – ANNUITIES AND RETIREMENT ACCOUNTS (IRA's, 401(K), etc.). List any annuities or retirement accounts owned by the Decedent and payable to the Estate. You may list in the "Optional" section below any accounts payable to a beneficiary which is not payable to the Estate.

Describe and list total amount payable to estate:

1.	401 K with no beneficiary/by contract	\$ 500,000.00
2.	/payable to estate	
3.		

(OPTIONAL) describe and list amounts not payable to estate:

1.	IRA payable to spouse	\$ 100,000.00
2.		
3.		

TOTAL SCHEDULE I \$ 600,000.00
 (also enter under recapitulation, page 1)

ENCUMBRANCES (e.g., mortgages, liens, judgments, etc., but not general debts of the estate). List debts of the Decedent secured by assets on the above Schedules and describe the debt and the specific asset encumbered.

Item No.	Schedule & Item Number Encumbered Thereby	Description & Amount
1.	Mortgage - Schedule A, Item # 1	\$ 10,000.00
2.	- 189 Tracy Street	
3.		

TOTAL ENCUMBRANCES \$ 10,000.00
 (also enter under recapitulation, page 1)

(If more space is required, insert additional sheets of same size.)

Harriet Frances Joseph
189 Tracy Street
Charleston SC 29401

July 15, 2014

HONORABLE IRVIN G. CONDON, JUDGE OF PROBATE
CHARLESTON COUNTY PROBATE COURT
84 BROAD STREET
CHARLESTON SOUTH CAROLINA 29401
PHONE (843) 958-5030

ESTATE OF: LAWRENCE MICHAEL JOSEPH

CASE#: 2014ES1000321

BALANCE DUE FOR PROBATE FEES PER INVENTORY & APPRAISEMENT	
TOTAL FEE DUE PER SIZE OF PROBATE ESTATE	\$253.00
FEE PREPAID – RECEIPT NO. 321928	\$ 25.00
BALANCE DUE AND NOW PAYABLE	\$228.00

****PLEASE MAKE PAYABLE TO PROBATE COURT****
(WE ALSO ACCEPT CREDIT CARDS)

The following is the current fee schedule for Probate Court:

Estate valued between -0- and \$ 5,000.00	\$ 25.00
Estate valued between \$ 5,000.00 and \$ 20,000.00	\$ 45.00
Estate valued between \$20,000.00 and \$ 60,000.00	\$ 67.50
Estate valued between \$60,000.00 and \$100,000.00	\$ 95.00

For Probate Estates valued over \$100,000.00, but less than \$600,000.00, the total fee is \$95.00 PLUS fifteen hundredths of 1 percent (or 0.0015) of the value between \$100,000.00 and \$600,000.00.

For Probate Estates valued over \$600,000.00, the total fee is \$845.00 PLUS one fourth of 1 percent (or 0.0025) of the value over \$600,000.00.

This is not a tax. Court fees are prescribed by State Law and based on the total value of the individual's estate: the greater the estate's total value, the greater the fee.

Estate Clerk



Charleston County Probate Court
Irvin G. Condon, Judge of Probate
84 Broad Street
Charleston, SC 29401
843-958-5030
www.charlestoncounty.org

Receipt Number
321625
Date
User ID

Case Number

Case Name

Paid By:

Items

FEES DUE PER I/A

Paid

Total Paid:

PaymentType: CHECK

Check #: 1738

MEMO:

29

FILE

PROBATE COURT
CHARLESTON COUNTY
CHARLESTON COUNTY PROBATE CT

100 BROAD ST
CHARLESTON SC 29401

AFFIDAVIT OF PUBLICATION

Moultrie News

State of South Carolina

County of Charleston

Personally appeared before me the undersigned advertising clerk of the above indicated newspaper published in the city of Charleston, county and state aforesaid, who, being duly sworn, says that the advertisement of

(copy attached)

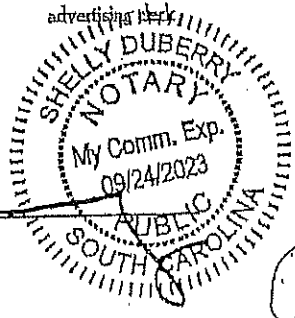
appeared in the issues of said newspaper on the following day(s):

- 4/21 Wed MN Wed MNW
- 4/28 Wed MN
- 5/5 Wed MN Wed MNW Wed MNW

at a cost of
Account#
Order#
P.O. Number:

Subscribed and sworn to before me this ___ day of ___ A.D. ___

[Signature]



[Signature]
NOTARY PUBLIC, SC
My commission expires

30

claim of the subject of the above-mentioned will, to wit: G. Gordon, 4371 E. Willow, Charleston, SC 29401, before the expiration of the term of the said will, the date of the first publication of the notice to creditors, or hereafter such claim shall be paid and are forever barred.

Estate of: Katherine M. Schelker, 2017-ES-10-2153, DOD: 11/20/17, Pers. Rep.: Dana P. Schneider, 1229 Village Creek, Mt. Pleasant, SC 29564, Atty: Lauren Burkle, Esq., 1994 Savannah Hwy, #202, Charleston, SC 29407.

Estate of: Rosamary Katz Bouville, aka Rosamary K. Bouville, 2018-ES-10-0717, DOD: 01/17/18, Pers. Rep.: John G. Bouville, 5238 Princeton St, No. Charleston, SC 29405, Pers. Rep.: Jeanne B. Riley, 4805 Dante Ct, River Ridge, LA 70170, Atty: William G. Hennessy, Esq., 1 North Adams Wharf, Charleston, SC 29401.

Estate of: Jennifer Marie Hawley-Shiel, 2018-ES-10-0334, DOD: 11/20/17, Pers. Rep.: Cheryl Anna Cring, 4111 South Lake Cir, Chesapeake, VA 23322, Atty: Evan Gullerley, Esq., 744 Market St, 2352, Charleston, SC 29401.

Estate of: Nancy Miller, 2018-ES-10-0457, DOD: 11/19/17, Pers. Rep.: Al D. Miller, 326 W. Dolly Ave, Summerville, SC 29483, Pers. Rep.: Sandra A. Miller, 41 Reid St, Charleston, SC 29402, Pers. Rep.: Denise Miller, 3822 Verde Ave, No. Charleston, SC 29405.

Estate of: Lera N. Ishii, 2018-ES-10-0672, DOD: 03/05/18, Pers. Rep.: Candice Wilson, 301 Duck Pond Rd, Summerville, SC 29483.

Estate of: Gannett P. Whelan, 2018-ES-10-0937, DOD: 03/06/18, Pers. Rep.: Teresa V. Eller, 2462 Shadow Creek Ct, No. Charleston, SC 29406.

Estate of: Edward C. Buzbas, 2018-ES-10-0949, DOD: 04/01/18, Pers. Rep.: Dorothy N. Burbbon, 1892 Toogoodon Rd, Hollywood, SC 29449.

Estate of: Jack W. Vincent, 2018-ES-10-0966, DOD: 04/14/18, Pers. Rep.: Sharon C. Vincent, 3032 Marsh Haven, Seabrook Island, SC 29455, Atty: James Duberry, Esq., 4 Mackfield Dr, Charleston, SC 29407.

Estate of: Marianne Lee McManus, 2018-ES-10-0974, DOD: 04/24/18, Pers. Rep.: Jim McManus, 64 Arena Terrace, Concord, MA 01742, Atty: Jessica M. Wentworth, Esq., 1504 Sullerbeck St, #204, Mt. Pleasant, SC 29466.

Estate of: Theodore Radford Lewis, 2018-ES-10-0991, DOD: 12/24/17, Pers. Rep.: Marjorie D. Fox Lewis, 2945 Limestone Blvd, Charleston, SC 29414.

Estate of: Susan G. Eadie, 2014-ES-10-0785, DOD: 08/02/18, Pers. Rep.: Beverly E. Whillbeck, 192 North Point Ct, Mt. Pleasant, SC 29464, Atty: Robert W. Whitsett, Esq., 809 Johnnie Dodds Blvd, Mt. Pleasant, SC 29464.

Estate of: Marjorie Whillbeck, 2018-ES-10-0977, DOD: 03/07/18, Pers. Rep.: Peter R. Whillbeck, 1230 Metropolitan Ave, #10A, Bronx, NY 10467, Atty: 15 E. 23rd St, New York, NY 10010.

Estate of: Elizabeth A. Johnson, 2018-ES-10-0988, DOD: 05/01/18, Pers. Rep.: Robert A. Johnson, 143 Sycamore, Holly Springs, NC 27540, Atty: Ben F. Marks, Esq., 310 N. Main St, Summerville, SC 29483.

Estate of: Bradley Matthew Thompson, 2018-ES-10-0991, DOD: 03/07/18, Pers. Rep.: Kayla Renee Thompson, 365 S. 600 W. Apt. 4, Loganville, GA 30052, Atty: Kathryn M. Calkins, Esq., PO Box 12467, Charleston, SC 29422.

Estate of: Dorothy Ruth Carter, 2018-ES-10-0891, DOD: 05/22/18, Pers. Rep.: Patricia A. Carter, 1514 Wallace Blvd, Boone, NC 28607.

Estate of: Susan Ann Pearson, 2018-ES-10-0993, DOD: 05/10/18, Pers. Rep.: Kenneth Williams, 416 Barnwell Ave, No. Charleston, SC 29405.

Estate of: Leroy Blackell, 2018-ES-10-0993, DOD: 05/07/18, Pers. Rep.: Scott S. Blackell, Box 100, Charleston, SC 29420.

Estate of: Phillip Francis D'Arcy, 2018-ES-10-0994, DOD: 05/07/18, Pers. Rep.: Phillip Evans D'Arcy, 1404 Avalon East, Fishers, IN 46037, Atty: Hope Grant, Esq., 770 W. Columbia Blvd, #100, Mt. Pleasant, SC 29464.

Estate of: Grace Isabella Walker, 2018-ES-10-0976, DOD: 03/14/18, Pers. Rep.: Shelia David Koepeke, 702 Sawgrass Ln, Mt. Pleasant, SC 29464.

Estate of: Charles Gary Jackson, 2018-ES-10-0977, DOD: 03/22/18, Pers. Rep.: Deborah Jackson, 4978 Sound View Dr, Mt. Pleasant, SC 29466, Atty: Laura W. Moore, Esq., 21 Broad St, Charleston, SC 29401.

Estate of: Julie Nibben Dubois, 2018-ES-10-1005, DOD: 04/13/18, Pers. Rep.: Emily Frances Dubois, 1827 Starwood Cir, Charleston, SC 29407.

Estate of: Ernie Blake, Jr., 2018-ES-10-1007, DOD: 12/14/17, Pers. Rep.: Duane M. Blake, 3500 Spence Dr, Johns Island, SC 29455, Atty: Michael W. Harrington, Esq., PO Box 1116, Charleston, SC 29402.

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

IN THE PROBATE COURT

STATEMENT OF CREDITOR'S CLAIM

CASE NUMBER: 2014ES 10-00321

Decedent's Date of Death (if known):
Decedent's Last Mailing Address:

189 Tracy Street, Charleston SC 29401

Creditor:	The Hospital
Address:	One Medical Way Charleston SC 29401
Telephone:	888-555-6666
Email:	hospital@jagol.com
Original Creditor:	The Hospital
Address (if different from above)	Same
Claim Amount Due:	\$ 5,000.00
Account Number:	555-5555
Other Reference Number:	N/A
Basis of claim (Ex: Contract, Services Rendered for decendent, etc):	Medical Services provided for hospitalization in
Date claim will become due (if not already due)	Past due
Nature of uncertainty as to the claim, if any (i.e. contingent claim, amount of claim, due date):	N/A
Description of security as to the claim, if any (Ex: Collateral for the debt)	N/A

Signature: Henry Hospital
 Printed Name: Henry Hospital
 Title: Comptroller
 Date: _____

INSTRUCTIONS: Claims **MUST** be filed with the Probate Court of the county in which the Decedent's Estate is under administration and may be delivered or mailed to the fiduciary appointed to administer the Estate (see SCPC 62-3-803, 62-3-804, and 62-3-806).

No claim against a Decedent's estate may be presented or legal action commenced against a Decedent's Estate prior to the appointment of a Personal Representative to administer the Decedent's Estate (except see SCPC 62-3-804(1)(b)).

Satisfaction or withdrawal of claim (FORM 325) **MUST** be filed once claim is resolved.

Estate of Lawrence Michael Joseph 1936
 PAY TO THE ORDER OF The Hood Canal \$ 5,000.00
Five thousand and 00/100 DOLLARS
 FOR Hospital Howard A. Joseph
 ⑆000000078⑆ ⑆00000058⑆ ⑆0000

~~PAID~~
 CANCELLED
 CHECK

OR

Notice of Disallowance
 Form Number 372

STATE OF SOUTH CAROLINA

COUNTY OF: CHARLESTON

IN THE MATTER OF:

(Decedent)

IN THE PROBATE COURT

NOTICE OF ALLOWANCE/DISALLOWANCE OF CLAIM

CASE NUMBER: _____

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): _____

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 _____, _____

Signature: _____

Print Name: _____

Address: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

Attorney: _____

Address: _____

Telephone: _____

Email: _____

33

STATE OF SOUTH CAROLINA

COUNTY OF _____

IN THE MATTER OF:

(Decedent)

IN THE PROBATE COURT

ORDER FOR PETITION FOR
ALLOWANCE OF CREDITOR CLAIM

CASE NUMBER: _____

On the basis of the Petition for Allowance of Creditor Claim and after hearing, the Court finds the aforesaid claim(s) is/are:

THEREFORE, IT IS HEREBY ORDERED that the following be _____ in the amounts set forth below:

Creditor Name and Address

Amount of Claim

Executed this _____ day of _____, 20_____.

, Probate Court Judge

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: _____

IN THE MATTER OF:

CASE NUMBER: _____

(Decedent)

***PETITION FOR
ALLOWANCE OF CREDITOR CLAIM**

Petitioner(s)
vs.

Respondent(s)

The undersigned petitions the Court to allow the following claims against the Estate in the amounts set forth below:

Creditor Name and Address	Amount of Claim
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In support of this Petition, Petitioner incorporates the claim(s) referenced above as presented to the Court and alleges that each claim is valid and (i) was presented within the period for the presentation of claims as provided by law and/or (ii) any claim not yet presented is attached to this Petition and made a part hereof and is being presented within the period for the presentation of claim(s) as provided by law.

(Other:)

Executed this _____ day of _____, 20_____

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Attorney: _____
Address: _____

Telephone: _____
Email: _____

***NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO A PETITION, YOU MUST ALSO FILE
A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF \$150.00.
A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

35

IRVIN G. CONDON
Judge of Probate

LENNA S. KIRCHNER
Associate Judge of Probate

PETER A. KOUTEN
Associate Judge of Probate

DAVID MICHEL
Associate Judge of Probate



ESTATE DIVISION
HISTORIC COURTHOUSE
84 BROAD STREET
CHARLESTON, SC 29401
843-958-5030

PROBATE COURT

ESTATE DIVISION

DEED OF DISTRIBUTION

The Deed of Distribution transfers the real property from the Decedent's name to those who inherit. If the Decedent owns real estate (land house, etc.), a Deed of Distribution must be filed with the Register of Deeds. It is recommended that an attorney assist with this duty.

If the Deed of Distribution is prepared without the assistance of an attorney –

It is the Personal Representative's responsibility to forward the completed Deed of Distribution to the Probate Court for examination. There is a recording fee of \$15 (Effective August 1, 2019). A check or money order should be made payable to Charleston County Register of Deeds (ROD). The original Deed of Distribution and recording fee of \$15 should be filed with:

Charleston County Probate Court
84 Broad Street – 3rd Floor
Charleston SC 29401

The original Deed of Distribution will be recorded and returned by the ROD within 10-14 days of filing. The Probate Court will retain a copy for the Court's records and return the original document to the Personal Representative.

If the Deed of Distribution is prepared by an attorney –

The attorney must file the original Deed of Distribution with the Register of Deeds and then furnish the Probate Court with the recorded copy.

Filing of an Ancillary Estate is required for real property not located in Charleston County.

If any additional information is needed, you may contact the Probate Court Staff.
Monday-Friday 8:30am to 5:00pm
(843) 958-5030

www.charlestoncounty.org

36

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

IN THE PROBATE COURT

DEED OF DISTRIBUTION
(Real Property Only)
NOT A WARRANTY DEED

CASE NUMBER: _____

The undersigned states as follows:

Decedent died on _____; and probate of the Estate is being administered in the Probate Court for
Charleston County, South Carolina, in File # _____

I/We was/were appointed Personal Representative (s) on _____

Decedent owned real property described as follows:

Tax Map Number: 65-42-4

Street/Property Address: 189 Tracy Street, Charleston, SC 29401

Legal Description: _____

Please consult your attorney for completion of the Deed of Distribution.

Additional sheet(s) for additional property(ies) is attached (check if applicable)

This transfer is made pursuant to:

- Decedent's Will
- Intestacy Statute: SCPC 62-2-103
- Private Family Agreement: SCPC 62-3-912
- Disclaimer by: _____
- Probate Court Order issued on _____
- Other: _____

37

In accordance with the laws of the State of South Carolina, the Personal Representative(s) does/do hereby release all of the Personal Representative's(s') right, title and interest, including statutory and/or testamentary powers, over the real property described to the beneficiaries named below:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Additional sheet(s) for names of additional beneficiaries is attached (check, if applicable)

IN WITNESS WHEREOF the undersigned, as Personal Representative(s) of the above Estate, has executed this Deed of Distribution, on this _____ day of _____, 20_____

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

Witness: _____
Print Name: _____
Witness: _____
Print Name: _____

Estate of: _____
Signature of Personal Representative: _____

Print Name: _____

If applicable,
Signature of Co-Personal Representative: _____

Print Name: _____

STATE OF SOUTH CAROLINA)
)
)

ACKNOWLEDGMENT

COUNTY OF _____

I, _____, Notary Public, a notary for the State of South Carolina do hereby certify that _____, as Personal Representative(s) of the Estate of _____, personally appeared before me this day and acknowledged the due execution of the foregoing Deed of Distribution.

Witness my hand and seal this the _____ day of _____, 20_____.

Please consult
Your attorney for
Completion of the
Deed of Distribution.

(Signature of Notary Public) (SEAL)

(Print name of Notary Public)
Notary Public for State of _____
My Commission Expires: _____

Note: It is recommended that an attorney prepare this document and determine if a title examination is necessary.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF

IN THE MATTER OF:

(Decedent)

)
)
)
)
)
)
)

VERIFIED STATEMENT TO CLOSE ESTATE

CASE NUMBER:

The undersigned Personal Representative(s) of this Estate states:

- To the best of the undersigned's knowledge, this estate qualifies for administration under SCPC 62-3-1203 because:
 - The value of the entire probate Estate of the Decedent as it appears on the Inventory and Appraisalment, less liens and encumbrances, exempt property, costs, and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent does not exceed Twenty Five Thousand Dollars (\$25,000.00).
 - The appointed Personal Representative(s), individually or in his/their capacity of a fiduciary, is/are the sole devisee(s) under the probated Will of a testate Decedent or the sole heir(s) of an intestate Decedent.
- The undersigned has/have published the Notice to Creditors pursuant to SCPC 62-3-801, if required.
- The undersigned has/have fully administered this estate by disbursing and distributing it to the persons entitled thereto, filed an Inventory and Appraisalment with the Court and paid all court fees.
- The undersigned has/have sent a copy of this Verified Statement to all distributees of this Estate, and to all creditors or other claimants of whom the undersigned is/are aware and whose claims are neither paid nor barred, and the undersigned has/have furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected thereby, or the undersigned is the sole distributee.
- There is no Order of the Court prohibiting the closing of this Estate, and this Estate is not being administered under Part 5.
- There are no actions or proceedings involving the undersigned as Personal Representative of this Estate pending in any court.
- This Statement is filed for the purpose of closing this Estate and terminating the appointment of the undersigned as Personal Representative(s). By law, this appointment will terminate one year after the date of the Decedent's death if no actions or proceedings involving the undersigned as Personal Representative(s) are then pending in any court.

Executed this _____ day of _____, 20____.

VERIFICATION

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____.

Notary Public for South Carolina
My Commission Expires: _____

Personal Representative

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

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

Notary Public for South Carolina
My Commission Expires: _____

Co-Personal Representative

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

39

STATE OF SOUTH CAROLINA)
)
COUNTY OF: Charleston)
)
IN THE MATTER OF:)
Lawrence Michael Joseph)
(Decedent)

IN THE PROBATE COURT

ACCOUNTING

CASE NUMBER: 2014 ES 10-00321

FINAL
 INTERIM # _____

The undersigned Personal Representative(s) submits this accounting, which covers the period from 4-15-2014 through 1-5-2015

The documentation on the following page(s) of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance from Inventory(ies) or prior Interim Accounting, if applicable	<u>\$ 50,000</u>
Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.)	<u>1,000</u>
Subtotal	<u>51,000</u>
Less: Disbursements and Distributions	<u>51,000</u>
Ending Balance	<u>0</u>

The Personal Representative(s) declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this 5th day of January, 20 15
Nick Notary
Notary Public for South Carolina
My Commission Expires: 12-15-2020

Signature: Harriet F. Joseph
Print Name: Harriet F. Joseph
Address: 189 Tracy Street
Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2221
(Cell): N/A
Email: H.F.J. @ aol.com

Co-Personal Representative Signature: _____

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

Notary Public for South Carolina
My Commission Expires: _____

Print Name: _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

INVENTORY PROBATE ASSETS & RECEIPTS (probate assets received into estate)	DISBURSEMENTS & DISTRIBUTIONS (probate assets disbursed/paid out from estate)
Dividends - ABC, Inc. \$ 500.00	Funeral and Burial Costs - \$ 20,000.00
Dividends - XYZ, Inc. \$ 500.00	The Hospital - Last Illness - \$ 5,000.00
	Can Help You, Esp. - Atty. Fees - \$ 5,000.00
	Residuary Beneficiary Harriet F. Joseph - \$ 21,000.00
TOTAL \$ 1,000.00	TOTAL \$ 51,000.00

COUNTY OF: Charleston

PROPOSAL FOR DISTRIBUTION

IN THE MATTER OF: Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014ES10-00321

Name and Address of Distributee(s)	Amount and/or Item(s)
<u>Raymond Al Joseph</u> <u>0 Garage Street</u> <u>Charleston SC 29401</u>	<u>Collector Baseball Cards</u> <u>including a Hank Aaron Card</u>

Executed this 5th day of January, 2015.

Co-Personal Representative
Signature: _____
Print Name: _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Personal Representative
Signature: Harriet F. Joseph
Print Name: Harriet F. Joseph
Address: 189 Tracy Street
Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2224
(Cell): N/A
Email: H.F.J.@aol.com

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: Charleston

RECEIPT

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014 ES 10-00321

The undersigned hereby acknowledges receipt from the Personal Representative(s) in this matter of the following property:

Collector Baseball Cards incl. a Hank Aaron Card

Executed this 5th day of January, 2015.

Recipient Signature: Raymond A. Joseph
Print Name: Raymond A. Joseph

*Witness
Signature: Wally Witness
Print Name: Wally Witness

*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF Charleston

RECEIPT AND RELEASE WITH WAIVER

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014ES10-00321

The undersigned hereby acknowledges receipt from the Personal Representative(s) in this matter of the following property:

Morris Island Brick

In consideration of the above listed distribution, the undersigned hereby releases and forever discharges the Personal Representative(s) and the Estate from any and all rights and claims, which the undersigned may have against the Personal Representative(s) and the Estate, and waives right to demand a hearing on all Accountings (if applicable), Proposals for Distribution (if applicable) and the Application for Settlement.

Executed this 25th day of December, 2014.

Recipient Signature: Marion Ann Joseph
Print Name: Marion Ann Joseph

*Witness
Signature: Wally Witness
Print Name: Wally Witness

*The Personal Representative is not allowed to serve as the witness.

STATE OF SOUTH CAROLINA
COUNTY OF: CHARLESTON

IN THE MATTER OF:

LAWRENCE MICHAEL JOSEPH
(Decedent)

IN THE PROBATE COURT

WAIVER OF STATUTORY FILING REQUIREMENTS

CASE NUMBER: 2014ES1000321

I acknowledge that Personal Representative(s) are required by law to file the following document(s) prior to the closing of an estate. However, I am willing to allow the Personal Representative(s) of this estate to proceed to close this estate without the filing of these document(s). As such,

I freely and voluntarily agree for the Personal Representative(s) or any Successor Personal Representative(s) in this estate to forego his/her duty to file any and all closing document(s); specifically, the document(s) indicated below.

I understand fully my right to receive and review the document(s); however, I knowingly and voluntarily waive said rights now and in the future regarding the following document(s) as indicated below:

MARK WITH AN "X" IN BLACK INK OR INITIAL IN BLACK INK.

- Accounting(s) (including Interim, Amended and/or Supplemental Accountings, if applicable)
- Proposal for Distribution (including Amended or Supplemental Proposals for Distribution)
- Notice of Right to Demand Hearing (required to be delivered along with Closing Documents)

Executed this 25th day of Dec., 14.

SWORN to before me this 25th day of
Dec., 20 14

Nick Notary
Notary Public for South Carolina
My Commission Expires: 12-15-2020

Nick Notary

Signature: Marion A. Joseph
 Print Name: Marion Ann Joseph
 Address: 1 Artic Avenue
Folly Beach, SC 29435
 Telephone (Work): (843) 722-0000
 (Home): (843) 795-1234
 (Cell): (843) 696-5555
 Email: N/A
 Relationship to Decedent/Estate: Daughter

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)
IN THE MATTER OF:)
Lawrence Michael Joseph)
(Decedent))

IN THE PROBATE COURT

NOTICE OF RIGHT TO DEMAND HEARING

CASE NUMBER: 2014ES10-00321

As an interested person in the above Estate, you are hereby notified that the documents necessary to close this Estate have been or are now being provided to you. These documents are the full Accounting (if applicable) for this Estate, the Proposal for Distribution (if applicable), and the Application for Settlement. The Personal Representative is required to file with the Court proof that these documents and this Notice have been sent to you.

From the date this proof is filed with the Court, YOU HAVE THIRTY (30) DAYS TO DEMAND IN WRITING A HEARING (use FORM 113ES) concerning any matter included in these closing documents.

If you do not file WITH THE COURT written demand for hearing (on FORM 113ES) within this time period, the Court may enter such orders on such conditions as may be requested and as the Court deems appropriate.

If you do file a written demand for hearing (use FORM 113ES) within this time period, a hearing date will be set, and Notice of Hearing will be sent to you.

The address of the Court is: 84 Broad Street
Charleston SC 29401

Executed this 5th day of January, 2015.

Personal Representative Signature: Harriet F. Joseph
Print Name: Harriet Frances Joseph
Address: 189 Tracy Street
Charleston SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2224
(Cell): n/a
Email: H.F.J@qol.com

Co-Personal Representative Signature: _____
Print Name: _____
Address: _____
Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

46

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF Charleston

APPLICATION FOR SETTLEMENT

IN THE MATTER OF:

Lawrence Michael Joseph
(Decedent)

CASE NUMBER: 2014 ES 10-00321

- The undersigned as the Personal Representative(s) has/have collected and managed the assets of the Estate; has/have paid all lawful claims against the Estate; either has/have distributed assets or propose(s) to distribute as designated on the Proposal for Distribution; and has/have performed all other required acts pertaining to Estate of Decedent.
- The Personal Representative(s) has/have filed:
 - Proof of Publication No Publication required
 - Inventory and Appraisalment(s)
 - Proposal for Distribution for assets not yet distributed
 - Final Accounting Accounting waived by all required parties
 - Proof of Delivery that all required documents have been sent to interested persons as required by law
 - All required tax returns (including final income tax return, fiduciary income tax return, Estate tax return) and any taxes due have been paid. If not, please explain:
 - Documents with IRS electing portability
- The time period for submission of claims has expired.
- I request that the Court issue Orders as appropriate together with such other Orders as the law may require and as the Court may deem applicable and proper.
- I request that the Court (check all that apply)
 - A. Consider or approve the Personal Representative's Accounting and, if applicable, the Proposal for Distribution for assets not yet distributed.
 - B. Approve the distributions previously made and authorize the Personal Representative(s) to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for Distribution (FORM 410ES).
 - C. Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative's bond, if any.
 - D. (Other :) _____

Executed this 5th day of Jan., 20 15

SWORN to before me this 5th day of January, 20 15
Nick Notary
 Notary Public for South Carolina
 My Commission Expires: 12-15-2020

Personal Representative
 Signature: Harriet F. Joseph
 Print Name: Harriet Frances Joseph
 Address: 189 Tracy Street
Charleston SC 29401
 Telephone (Work): (843) 999-8888
 (Home): (843) 654-2224
 (Cell): N/A
 Email: HFJ2@aol.com

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

 Notary Public for South Carolina
 My commission expires: _____

Co-Personal Representative
 Signature: _____
 Print Name: _____
 Address: _____
 Telephone (Work): _____
 (Home): _____
 (Cell): _____
 Email: _____

STATE OF SOUTH CAROLINA

COUNTY OF: Charleston

IN THE MATTER OF:
Lawrence Michael Joseph
(Decedent)

IN THE PROBATE COURT

PROOF OF DELIVERY

CASE NUMBER: 2014ES10-00321

On the 5th day of January, 2015, I mailed or delivered the following document(s):
Final Accounting, Proposal For Distribution, Application for Settlement and Notice of Right to Demand Hearing

- A copy of which is attached hereto and incorporated herein, or
- The original of which is on file with the Court.

Delivery was accomplished by the following method (check appropriate box):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail
- electronic message (Article 7, Trust matters only)

to each of the following persons at the address shown:

NAME	ADDRESS
<u>Lawrence M. Joseph Jr.</u>	<u>One Arctic Avenue, Folly Beach, SC 29439</u>
<u>Joanne K. Joseph</u>	<u>65 Sheldon Road, Naples, FL 33930</u>

SWORN to before me this 5th day of Jan., 2015
Nick Notary
Notary Public for South Carolina
My Commission Expires: 12-15-2020

Nick Notary

Signature: Harriet Frances Joseph
Print Name: Harriet Frances Joseph
Address: 189 Tracy Street
Charleston, SC 29401
Telephone (Work): (843) 999-8888
(Home): (843) 654-2223
(Cell): N/A
E-mail: HEJ@aol.com
Relationship to Decedent/Estate: Wife

(48)

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)
)
IN THE MATTER OF: LAWRENCE MICHAEL JOSEPH) CASE NUMBER: 2014ES10-00321

HARRIET FRANCES JOSEPH
(Personal Representative)

Upon consideration of the Application for Settlement, it appears to the Court that the allegations in the Application are true. All required notices have been given/waived. The asset(s) has/have been administered according to the laws of South Carolina.

The final closing documents have been considered and/or waived.

The Personal Representative(s) in the above estate appear(s) to have completed the administration, and the appointment is hereby terminated.

It is appropriate that the sureties on the bond, if any, in this estate be released. If applicable, the security instrument recorded in the Office of the Clerk of Court (or ROD) in Book N/A, at Page N/A, shall be and is hereby released, and cancellation of said instrument is authorized.

Therefore, the estate is closed.

IT IS SO ORDERED.

Executed this 14TH day of February, 2015.



Irvin G. Condon, Probate Court Judge
Lenna S. Kirchner, Associate Judge
Peter A. Kouten, Associate Judge
David L. Michel, Associate Judge

49