

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF: \_\_\_\_\_ )  
 )  
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: \_\_\_\_\_