|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF: | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: |
| (Decedent) | ) |  |

Petitioner(s)

vs. **\*PETITION FOR SALE OF REAL PROPERTY**

      Respondent(s)

Petitioner alleges the following:

1. Interested parties to the estate that would be affected by the sale of the real property are as follows:

1. The names and addresses of the devisees in the Will, if any, and the dates of birth of any minors:

|  |
| --- |
|  |
| Name | | |  | Year of Birth |  | Address |  | Relationship  to Decedent |
|  | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |

(use additional sheet if necessary)

1. If the Decedent died intestate (without a Will) or if the time to challenge the Decedent’s Will admitted to probate has not expired, then the names and addresses of intestate heirs who are not devisees, if any, and the dates of birth of any minors:

|  |
| --- |
|  |
| Name | | |  | Year of Birth |  | Address |  | Relationship  to Decedent |
|  | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |
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(use additional sheet if necessary)

C. The names and addresses of all Creditors who have properly presented a claim(s) against the estate which remain(s) unresolved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Address |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(use additional sheet if necessary)

**\*NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO A PETITION, YOU MUST ALSO FILE**

**A SUMMONS (FORM SCCA 401PC), PAY THE STATUTORY FILING FEE OF $150.00, AND FILE A CLOCKED COPY OF THE LIS PENDENS. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

1. The names and addresses of any other interested persons affected by this proceeding (including co-owners of real estate):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Year of Birth |  | Address |  | Relationship  to Decedent |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(use additional sheet if necessary)

1. The name(s) and address(es) of the Personal Representative(s) of the estate (if not the Petitioner):

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  | Address |
|  |  |  |  |
|  |  |  |  |

2. The real property needs to be sold because:

3. The real property of the Decedent's estate, which the Petitioner desires to sell, is described as follows:

1. Address:
2. Legal Description: (The Decedent’s deed may be required by the Court)

c. Tax Map Sheet Number (TMS#) / Deed Book and Page:

4. The tax assessed value of the real property is: $     . This value is based upon the most recent assessor’s

statement. The assessor’s statement may be required by the Court.

1. The fair market value of the real property is: $     . This value is based upon the opinion of a real estate agent based upon a comparative market analysis or the opinion of a real estate appraiser based upon an appraisal. The comparative market analysis or the appraisal may be required by the Court.

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| Executed this       day of      , 20     . |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Address: |  |
|  |  |
| Telephone (Work): |  |
| (Home): |  |
| (Cell): |  |
| Email: |  |
| Relationship to Decedent/Estate |  |
| Attorney: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |