

STATE OF SOUTH CAROLINA)
)
COUNTY OF: HAMPTON)
)
IN THE MATTER OF [REDACTED])

IN THE PROBATE COURT

PETITION FOR

CASE NUMBER: 2010 GC 2500010

- PROTECTIVE ORDER
- APPOINTMENT OF CONSERVATOR

Applicant/Petitioner: Russell Lafitte

Address: [REDACTED]

Telephone: [REDACTED]

- 1. Nature of interest of undersigned:
- 2. Information -- Minor/Incapacitated Person

Name: [REDACTED] Age: 15
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Address: [REDACTED]
City/State/Zip [REDACTED]
Telephone (Home): [REDACTED] (Office/other): [REDACTED]

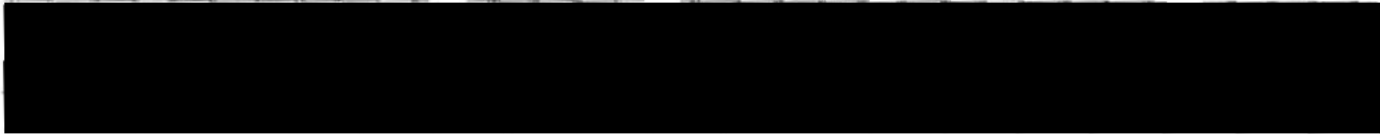
- To my knowledge, the above-named DOES DOES NOT have a will
- To my knowledge, the above-named DOES DOES NOT have a power of attorney

- 3. Venue for this proceeding is proper in this county because the above minor/incapacitated person:
 resides in this county
 does not reside in this county but has property in this county

4. The name and address of the above person's guardian, if any, is:

5. Information -- Family (list nearest relative first) of allegedly incapacitated person, including dates of birth of minors:

Name	Date of Birth	Address	Relationship



Rec in CDA 6 9/23/10

6. The following is a general statement of the property, assets and income of the above person, together with an estimate of the value thereof: (A full inventory, Form #550PC, shall be completed and filed with the Court within thirty days of appointment.)

Description	Value

7. The appointment of a conservator for the above person is necessary because (state reasons justifying appointment):

8. I request the appointment of:

Name: Russell Laffitte
 Address: 
 Telephone (O): 
 Telephone (H): _____

whose priority for appointment as conservator for the above person is as follows:

- fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the protected person resides
- individual or corporation nominated by the protected person (if fourteen or more years of age and deemed mentally capable of making such a choice)
- attorney-in-fact appointed by protected person (Pursuant to S.C. Code Ann. Section 62-5-501)
- spouse of protected person
- adult child of protected person
- parent of protected person or person nominated by will of deceased parent
- other relative of protected person (specify): _____
- person nominated by the person who is caring for protected person or paying benefits to him/her
- nominated by one with priority to serve in his/her stead (specify): _____
- other (specify): Petitioner is Vice President of Palmetto State Bank and has the ability and willingness to serve as Personal Representative

9. The following persons are required by statute to be given notice of the time and place of hearing on this Petition:

Name	Address	Relationship
		

10. I request that the Court set a time and place of hearing on this Petition; that the Court determine that the above person is a person for whom appointment of a conservator is proper; that the Court appoint _____ as the conservator for the above minor/incapacitated person; and that Letters of Conservatorship be issued to the conservator.

Executed this _____ day of _____, 20_____.

Signature: _____

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 26th day of August 2010
[Redacted]

My Commission Expires: May 12th, 2020

Signature: [Handwritten Signature]
Name: RUSSELL L. LOFFITTO
Address: [Redacted]
E-mail: [Redacted]
Telephone (O): [Redacted]
(H): [Redacted]

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Conservator of the conservatorship of

Executed this 26 day of Aug. 2010.

SWORN to before me this 26th day of August 2010
[Redacted]

My Commission Expires: May 12th, 2020

Signature: [Handwritten Signature]
Name: RUSSELL L. LOFFITTO
Address: [Redacted]
E-mail: [Redacted]
Telephone (O): [Redacted]
(H): [Redacted]

Signature: _____
Name: _____
Address: _____

E-mail: _____
Telephone (O): _____
(H): _____

Signature: _____
Name: _____
Address: _____

E-mail: _____
Telephone (O): _____
(H): _____