

STATE OF SOUTH CAROLINA

IN THE PROBATE COURT

COUNTY OF: OCONEE

IN THE MATTER OF:  
VIRGINIA D HARRIS  
(Decedent)

CASE NUMBER: 2019ES3700378

**\*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 below 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 401-C), 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): TIMOTHY J RICE  
Address: 46 MASON DRIVE  
WALHALLA, SC 29691  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Decedent: PERSONAL REPRESENTATIVE

**2. Decedent Information:**

Full Legal Name  
(including all known names): VIRGINIA D HARRIS  
Date of Birth: 09/22/1936  
Date of Death: 06/10/2019  
Age at date of death: 82

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

- ☒ Decedent was domiciled in this County at date of death:  
Address: 46 MASON DRIVE, WALHALLA, SC 29691 County: OCONEE State: South Carolina.
- ☐ Decedent was **not** domiciled in **South Carolina**, but property of Decedent was located in this County  
at date of death at:  
Address: \_\_\_\_\_ County: OCONEE 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: \_\_\_\_\_

FORM #300ES (1/2016)

62-2-504, 62-3-102, 62-3-203, 62-3-301, 62-3-302, 62-3-303, 62-3-308, 62-3-311, 62-3-401, 62-3-402,  
62-3-404, 62-3-409, 62-3-414, 62-3-601, 62-3-602, 62-3-704, 62-3-804, 44-23-1090, 44-23-1120

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

Full Legal Name (including all known names)	Year of Birth	Full Address	Relationship to Decedent

☐ 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	Relationship to Decedent
JERRY MIZE GUARDIAN AD LITEM FOR JAMES E. HARRIS	8/17/1970	THE TRIBBLE CENTER 116 SOUTH COVE ROAD, SENECA, SC 29672	GAL FOR SON

☐ See attached for additional devisees (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 3.

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 death, or is any birth of a child of the Decedent anticipated? (This includes illegitimate children.)

☒ NO ☐ YES If yes, please explain, on page 3.

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 3.

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

☐ NO ☒ YES If yes, please explain on page 3.

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 3.

9. Have you received or are you aware of any Demands for Notice (Form #111ES) 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 3.

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 3.

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

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

12. After the exercise of reasonable diligence, are you aware of any unrevoked Will and/or Codicil(s)?

☒ NO ☐ YES If yes, then proceed to Section II.  
If No, then proceed to Section III.

## 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 description of its contents is attached.

2. The execution date of the Will was: \_\_\_\_\_  
Codicil(s): \_\_\_\_\_

3. Is there a memorandum that disposes of tangible personal property?

☐ 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 3.

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 3.

COMPLETE EXPLANATION (S) FOR QUESTIONS IN SECTIONS I and II HERE.  
(If more space is required, use additional sheets.)

— 8. Timothy J. Rice - Guardian or Conservator  
46 Mason Drive  
Walhalla, SC 29691

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: N/A

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 above Primary Personal Representative in Will
- ☐ nominee of above 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): \_\_\_\_\_
- ☐ creditor (Forty five (45) days after death must have passed) or nominee of creditor; written statement of claim, Form 571E, is attached
- ☒ other (describe): COURT APPOINTED CONSERVATOR AND COURT APPOINTED PERSONAL REPRESENTATIVE

3. List below the names of any other persons, if any, having an equal or higher priority of appointment than the proposed Personal Representative: JAMES E. HARRIS- SPECIAL NEEDS- UNABLE TO SERVE AS PERSONAL REPRESENTATIVE- GAL FOR JAMES- JERRY MIZE

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 24<sup>th</sup> day of July, 2019

[Signature]  
Notary Public for South Carolina  
My Commission Expires: 7/11/24

Signature of Applicant/Petitioner: [Signature]

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Signature of Co-Applicant/Co-Petitioner: \_\_\_\_\_



ORDER OF INFORMAL PROBATE

IT IS HEREBY ORDERED that the above application for probate of a Will executed \_\_\_\_\_ and \_\_\_\_\_

- ☐ Codicil executed \_\_\_\_\_ and \_\_\_\_\_  
☐ Memorandum

be informally ☐ GRANTED ☐ DENIED.

Executed this 24th day of July, 2019.

\_\_\_\_\_  
KENNETH E. JOHNS JR., 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.

- ☐ Fiduciary Bond in the amount of \$\_\_\_\_\_  
☐ Bond waived by Will or 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: \_\_\_\_\_ COURT NOT REQUIRING BOND AT THIS TIME.

Notice to Creditors

- ☒ Required  
☐ Not Required

Executed this 24th day of July, 2019.

\_\_\_\_\_  
KENNETH E. JOHNS JR., Probate Court Judge

☐ For formal appointment of Personal Representative, see separate order executed \_\_\_\_\_

## 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: [Signature]  
Print Full Name: TIMOTHY J RICE  
Address: 46 MASON DRIVE  
WALHALLA, SC 29691  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

\*Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

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