

STATE OF SOUTH CAROLINA

COUNTY OF: _____

IN THE MATTER OF: _____

)
)
)
)
)
)

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: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____

Attorney: _____

Address: _____

Telephone: _____