

JOHN H. GRAY
PROBATE JUDGE-MCCORMICK COUNTY
133 S. MINE STREET, ROOM 101
MCCORMICK, SC 29835
PHONE: 864-852-2630
FAX: 864-852-0071
EMAIL: probatecourt@mccormickcountysc.org

Appointments required to be of better service to you

Cell phones are not allowed in the courthouse

Name of person completing this form: _____

Address: _____

Telephone Number: Home: _____ Cell: _____

Email: _____

IS COVID LISTED ON THE DEATH CERTIFICATE: YES/NO

*if COVID is listed on the death certificate, appointments will be scheduled for 30 days after the memorial service

FULL NAME OF THE DECEDENT: (PERSON THAT PASSED AWAY)

DATE OF BIRTH: _____ DATE OF DEATH: _____

LAST FOUR OF SOCIAL SECURITY NUMBER: _____

HOME PHONE: WCTEL YES/NO

IF WCTEL-TELEPHONE NUMBER IS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

ELECTRIC PROVIDER: LITTLE RIVER Y/N AIKEN ELECTRIC Y/N SCEG Y/N

WATER & SEWER PROVIDER: MCCORMICK COUNTY WATER Y/N CPW Y/N

NAME OF SPOUSE: _____

DOB: _____ EMAIL: _____

ADDRESS: _____

CONTACT NUMBER:

HOME: _____ CELL: _____ WORK: _____

*IF SPOUSE IS DECEASED, PROVIDE DATE OF DEATH: _____

NAME OF THE FUNERAL HOME THAT HANDLED THE SERVICE:

HOW WAS THE FUNERAL BILL PAID?

LIFE INSURANCE: _____ NAME OF BENEFICIARY: _____

PRE-NEED: _____ FUNDS OF THE DECEDENT: _____

OR PAID BY: _____

DID THE DECEDENT OWN OR HAVE AN INTEREST IN REAL ESTATE/LAND IN
MCCORMICK COUNTY?

Y/N, if yes, list the physical address and/or 911 address:

DID THE DECEDENT OWN OR HAVE AN INTEREST IN REAL ESTATE/LAND IN
OTHER COUNTIES AND/OR STATES?

Y/N, if yes, list the physical address and/or 911 address:

VEHICLES/CAMPER, BOATS, MOTORS, MOBILE HOME, MOTORCYCLE, ETC.

DO YOU HAVE THE TITLES FOR THE VEHICLES: YES/NO

FINANCIAL-LIST ACCOUNTS SOLELY IN THE NAME OF THE DECEDENT

FINANCIAL: ONLY LIST ACCOUNTS THAT DO NOT HAVE A NAMED BENEFICIARY OR PAY UPON DEATH DESIGNATION:

NAME OF FINANCIAL INSTITUTION: ACCOUNT NUMBER: AMOUNT OF FUNDS:

DID THE DECEDENT HAVE LIFE INSURANCE WITHOUT BENEFICIARY NAMED:
YES/NO: IF YES: NAME OF INSURANCE COMPANY:

LIST BELOW THE LIVING CHILDREN OF THE DECEDENT:
FULL NAME, DOB & MAILING ADDRESS(S) FOR ALL BIOLOGICAL/ADOPTED
CHILDREN OF THE DECEDENT:

NAME: _____
MAILING ADDRESS: _____
DOB: _____

NAME: _____
MAILING ADDRESS: _____
DOB: _____

NAME: _____
MAILING ADDRESS: _____
DOB: _____

NAME: _____
MAILING ADDRESS: _____
DOB: _____

NAME: _____
MAILING ADDRESS: _____
DOB: _____

NAME: _____
MAILING ADDRESS: _____
DOB: _____

If the decedent had a child or children that pre-deceased him/her, please list the name, former address & date of death of that child, then provide the name, date of birth & mailing address of his/her children. Please use a separate sheet of paper.

SAMPLE:
John Doe, deceased Date of Death: xx/xx/xxxx
Address of John Doe upon his death: _____
Children of John Doe:
Full name: _____ DOB: _____ Address: _____

Please furnish the following documents with the completed probate worksheet above:

- _____ Certified copy of the death certificate
- _____ Original will
- _____ Check here if the decedent did not have a will
- _____ Copy of the obituary & funeral program
- _____ Statement from the funeral home reflecting paid in full or outstanding balance.
Must also reflect how the funeral bill was paid:
Example: beneficiary of life insurance, pre-need or personal funds of the decedent.