

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____) IN THE PROBATE COURT
)
 IN THE MATTER OF: _____) **ACCOUNTING**
) CASE NUMBER: _____

FINAL
 INTERIM # _____

The undersigned Personal Representative(s) submits this accounting, which covers the period from _____ through _____.

The attached document sets forth a complete accounting for the period specified, which is summarized as follows:

	Income	Principal	Total *
Beginning Balance	_____	_____	_____
Plus: Receipts	_____	_____	_____
Subtotal	_____	_____	_____
Less: Disbursements	_____	_____	_____
Ending Balance	_____	_____	_____

* If a consolidated accounting, use this column.

The Personal Representative declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this _____ day of _____, 20 _____

Signature: _____
 Name: _____
 Address: _____

 Notary Public for South Carolina
 My Commission Expires: _____

Telephone (O): _____
 (H): _____

Signature: _____
 Name: _____
 Address: _____

Telephone (O): _____
 (H): _____