

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF:)
)
_____))
(Decedent))

IN THE PROBATE COURT

ACCOUNTING

CASE NUMBER: _____

FINAL
 INTERIM # _____

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

The documentation on the following page(s) of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance from Inventory(ies) or prior Interim Accounting, if applicable	_____
Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.)	_____
Subtotal	_____
Less: Disbursements and Distributions	_____
Ending Balance	_____

The Personal Representative(s) 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: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Co-Personal Representative Signature: _____
Print Name: _____

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

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

