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| STATE OF SOUTH CAROLINACOUNTY OF CHARLESTON |  IN THE PROBATE COURTCASE NO.: 0000-ES-10-0000 |
| , as Personal Representative of the Estate of, deceased, Petitioner,IN THE MATTER OF:, (Decedent) | **ORDER****(WRONGFUL DEATH SETTLEMENT)** |

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| **Hearing Date:** |  |
| **Presiding Judge:** |  |
| **Petitioner:** |  |
| **Petitioner’s Attorney:** |  |
| **Respondents:** |  |
| **Respondent’s Attorney:** |  |
| **Court Reporter:** |  |

 **THIS MATTER** comes before the Court for approval of a compromise settlement entered into between

**FINDINGS OF FACT**

**( insert facts )**

 After hearing the testimony and reviewing the information furnished by the parties, this Court is of the opinion that the compromised settlement as proposed is fair and reasonable and is in the best interest of the statutory beneficiaries of ( ) and the Estate of ( ).

 Under all of the above circumstances, the Court feels that approval of the proposed compromised settlement is justified. Based upon the foregoing, it is now therefore, hereby

 **ORDERED**, **ADJUDGED, AND DECREED** that this settlement is approved by this Court and that Petitioner and the Released Parties shall abide by its terms; it is further

 **ORDERED**, **ADJUDGED, AND DECREED** that upon payment of the above sums, Petitioner, in his capacity as Personal Representative of the Estate of ( )or any other person representing the Estate of ( ), shall be forever barred from pursuing any claims against ( ); their employees, affiliates, successors, predecessors, subsidiaries, sister companies, parent companies, members, assignees, shareholders, medical directors, etc., and the owners, operators, managers, tenants, and insurers thereof, as a result of or arising out of, or in any way connected with the care or treatment of ( ) on or about ( ), or any other date.

 **AND IT IS SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2018.

  **Associate Judge of Probate.**