

IN THE MATTER OF

CASE NUMBER

VERIFIED STATEMENT TO CLOSE ESTATE (62-3-1204)

The undersigned Personal Representative of this estate states:

1. To the best of the undersigned's knowledge, this estate qualifies for administration under section 62-3-1203 because:
  - the value of the entire probate estate of the decedent, less liens and encumbrances, did not exceed Ten Thousand Dollars plus exempt property, costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the decedent.
  - the appointed Personal Representative(s) is/are the sole devisee(s) under the probated Will of a testate decedent or the sole heir(s) of an intestate decedent.
2. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled thereto.
3. The undersigned has sent a copy of this closing Statement to all distributees of this estate, and to all creditors or other claimants of whom the undersigned is aware whose claims are neither paid nor barred, and the undersigned has furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected thereby, or the undersigned is the sole distributee.
4. There is no Order of the Court prohibiting the closing of this estate, and this estate is not being administered under Part 5.
5. The undersigned has given proper Notice to Creditors.
6. This Statement is filed for the purpose of closing this estate and terminating the appointment of the undersigned as Personal Representative. By law, this appointment will terminate one year after this Statement is filed with the Court if no actions or proceedings involving the undersigned as Personal Representative are then pending.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_

VERIFICATION

The undersigned, being sworn, states: that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_