|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **ACCOUNTING** |
| IN THE MATTER OF:  | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

|  |  |
| --- | --- |
| [ ]  | FINAL |
| [ ]  | INTERIM # |  |

|  |
| --- |
| The undersigned Personal Representative 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) orprior Interim Accounting, if applicable |  |
| Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.) |  |
| Subtotal |  |
| Less: Disbursements and Distributions |  |
| Ending Balance |  |
|  |

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

 Personal Representative:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |  | day of | Signature: |  |
|  | , | 20 |  |  | Print Name: |  |
|  |  |  |  | Address: |  |
|  |  |  |  |
| Notary Public for South Carolina |  |  | Telephone (Work): |  |
| My Commission Expires: |  |  | (Home): |  |
|  |  |  | (Cell): |  |
|  |  |  | Email: |  |
|  |  |  | Attorney: |  |
| Address: |  |
|  |  |
| Telephone: |  |
| Email: |  |
|  |  |

|  |  |
| --- | --- |
| **INVENTORY PROBATE ASSETS & RECEIPTS****(probate assets received into estate)** | **DISBURSEMENTS & DISTRIBUTIONS****(probate assets disbursed/paid out from estate)** |
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| **TOTAL** |   | **TOTAL** |  |