

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)

IN THE PROBATE COURT
CASE NUMBER: _____

IN THE MATTER OF:)
)
)
_____)
Deceased)

ACCOUNTING

FINAL
 INTERIM # _____

The undersigned Personal Representative(s) submits this accounting, which covers the period from _____
_____, 20____ through _____, 20____.

The attached documentation 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(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: _____
Name: _____
Address: _____

Notary Public for South Carolina
My commission expires: _____

Telephone (O): _____
(H): _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____