

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE PROBATE COURT
CASE NUMBER: _____

IN THE MATTER OF:
_____,
a protected person.

**ACCOUNTING OF DECEASED
PROTECTED PERSON'S FUNDS**

1. The following is a complete accounting for the use of the Protected Person's funds for the expenditures associated with the final disposition of the protected Person's remains: (Attach additional sheet if necessary.)

Beginning balance (as of Protected Person's date of death):	\$	_____
Plus Receipts:	\$	_____
Subtotal:	\$	_____
Less Disbursements:	\$	_____
Final Balance:	\$	_____

RECEIPTS (Assets received)	DISBURSEMENTS (Assets paid out from the Protected Person's funds)

2. I request that the Court (check all that apply):

- A. Consider or approve the above Accounting.
- B. Discharge, or set forth the conditions of the termination of the appointment of the Guardian.
- C. Terminate the office.
- D. Other: _____
- E. Issue an Order for the requested relief, together with any such other Orders as the law may require and the Court may deem applicable and proper.

3. I have attached receipts for all disbursements (expenditures).

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

Guardian's Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
My Commission Expires: _____

Preferred Telephone: _____
Email: _____

Executed this _____ day of _____, 20_____.