

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE MATTER OF:

_____,
a protected person.

IN THE PROBATE COURT
CASE NUMBER: _____

RELEASE / SATISFACTION OF CLAIM

Creditor:	
Original Creditor:	
Account Number:	
Other Reference Number:	
Original Claim Amount:	

The undersigned hereby states the claim has been resolved as follows:

- Claim was satisfied in full.
- Claim was compromised and any deficiency waived.
- Claim is withdrawn.
- Claim is released.
- Other: _____

Creditor: _____

Signature of Authorized Agent: _____

Print Agent Name and Title: _____

*Witness Signature: _____

Print Name: _____

Executed this _____ day of _____, 20_____.

*The Conservator shall not serve as the witness.