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| --- | --- |
| STATE OF SOUTH CAROLINA | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE | 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 |  Guardian’s Signature: |   |
|   | 20 |   | Print Name: |  |
|  | Address: |  |
|  |  |  |
| Print Name: |   | Preferred Telephone: |  |
| Notary Public for: |   | Email: |  |
| My Commission Expires: |   |
|  |  |  |  |

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