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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) |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

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\_\_\_\_\_.