|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA |  | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE |  | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| IN THE MATTER OF: |  | **RELEASE / SATISFACTION OF CLAIM** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, |  |  |
| a protected person. |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 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Claim is withdrawn.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.

**FORM #*559*GC (01/2019)**

62-5-426