|  |  |  |
| --- | --- | --- |
| 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[ ]  Claim is withdrawn.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