

STATE OF SOUTH CAROLINA

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IN THE PROBATE COURT

COUNTY OF: \_\_\_\_\_

**ACCOUNTING**

IN THE MATTER OF: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

FINAL  
 INTERIM # \_\_\_\_\_

The undersigned Personal Representative(s) submits this accounting, which covers the period from \_\_\_\_\_ through \_\_\_\_\_.

The documentation on the reverse side of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance	_____
Plus: Receipts	_____
Subtotal	_____
Less: Disbursements	_____
Ending Balance	_____

The Personal Representative declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_

