

STATE OF SOUTH CAROLINA )

COUNTY OF HORRY )

IN THE MATTER OF: )

a protected person. )

▲	PROBATE COURT USE ONLY	▲
IN THE PROBATE COURT CASE NUMBER        -GC-        -		
<b>RELEASE/SATISFACTION OF CLAIM</b>		

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- Claim is withdrawn.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 \_\_\_\_\_.

Executed this        day of        , 20        .

Creditor: \_\_\_\_\_

Signature of  
Authorized Agent: \_\_\_\_\_

Print Agent Name and Title: \_\_\_\_\_

\*Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

\*The Conservator shall not serve as the witness.