|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| a protected person. | )  ) | CASE NUMBER      -GC-     - |
|  | ) |  |
|  | ) | **RELEASE/SATISFACTION OF CLAIM** |

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  Claim is withdrawn.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