|  |  |  |
| --- | --- | --- |
| 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| [ ] [ ] [ ] [ ] [ ]  | Claim was satisfied in full.Claim was compromised and any deficiency waived.Claim is withdrawn.Claim is released.Other      .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.