

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF:)
)
_____)
(Decedent))

IN THE PROBATE COURT

RELEASE/SATISFACTION OF CLAIM

CASE NUMBER: _____

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 to our satisfaction
- Claim is withdrawn
- Claim is released
- Other _____

Executed this _____ day of _____, 20_____.

Creditor: _____

Signature of
Authorized Agent: _____

Print Agent Name: _____

*Witness Signature: _____
Print Name: _____

*The Personal Representative is not allowed to serve as the witness.