|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| a ward. | )  ) | CASE NUMBER      -GC-     - |
|  | ) |  |
|  | ) | **ACCOUNTING OF DECEASED WARD’S FUNDS** |

1. The following is a complete accounting for the use of the Ward’s funds for the expenditures associated with the final disposition of the Ward’s remains: (*Attach additional sheet if necessary.*)

Beginning balance (as of Ward’s date of death): $

Plus Receipts: $

Subtotal: $

Less Disbursements: $

Final Balance: $

**RECEIPTS DISBURSEMENTS**

(Assets received) (Assets paid out from Ward’s funds)

|  |  |
| --- | --- |
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|  |  |
|  |  |

2. I request that the Court (check all that apply):

|  |  |  |
| --- | --- | --- |
|  | A. | Consider or approve the above Accounting. |
|  | B. | Discharge, or set forth the conditions of the termination of the appointment of the Guardian. |
|  | C. | Terminate the office. |
|  | D. | |  |  | | --- | --- | | Other : |  | |
|  | E. | |  |  | | --- | --- | | Issue an Order for the requested relief, together with any such other Orders as the law may require and the Court may deem applicable and proper. |  | |

3. **I have attached receipts for all disbursements (expenditures).**

|  |
| --- |
| Executed this       day of      , 20     . |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | |  |  |