|  |  |  |
| --- | --- | --- |
| 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)

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

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) |  |  |