

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

IN THE PROBATE COURT
CLOSING AGREEMENT

CASE NUMBER: _____

TO: THE HONORABLE _____, PROBATE JUDGE FOR _____ COUNTY

The undersigned, being a beneficiary of the Estate of _____, (the "Decedent"), hereby acknowledges and agrees to the following:

1. I have received copies of the estate Inventory and Appraisalment and all closing documents relative to the Estate.
2. I am familiar with the Estate of _____ and am familiar with the assets the Decedent owned at the date of death and the expenditures made and the income or loss experienced by the Estate during the period of administration. I am satisfied that I am receiving in value what I am entitled to under that Last Will and Testament of the Decedent, but in the aggregate; I am satisfied that I am receiving everything I am entitled to under the Decedent's Will.
3. I acknowledge I have the right to come before the Probate Judge and have a hearing as to the distribution of the assets of the Estate of the Decedent. I also acknowledge I have the right to ask questions of the Personal Representative and/or the Estate's attorney, if any. Since I am satisfied with what I have received, I hereby knowingly waive that right and ask the Court to expedite the closing of this Estate so the Personal Representative can be discharged and so that all beneficiaries can receive their share of the Estate.
4. I agree that a detailed review by the Probate Court of the Decedent's Estate file is not necessary to protect my interest in the Estate.

Dated this _____ day of _____, 20_____.

SWORN to before me this _____ day of _____, 20 _____

Signature: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
E-mail: _____
Relationship to Decedent/Estate: _____