

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

IN THE PROBATE COURT

VERIFIED STATEMENT TO CLOSE ESTATE

CASE NUMBER: _____

The undersigned Personal Representative(s) of this Estate states:

- To the best of the undersigned's knowledge, this estate qualifies for administration under SCPC 62-3-1203 because:
 - The value of the entire probate Estate of the Decedent as it appears on the Inventory and Appraisal, less liens and encumbrances, exempt property, costs, and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent does not exceed Twenty Five Thousand Dollars (\$25,000.00).
 - The appointed Personal Representative(s), individually or in his/their capacity of a fiduciary, is/are the sole devisee(s) under the probated Will of a testate Decedent or the sole heir(s) of an intestate Decedent.
- The undersigned has/have published the Notice to Creditors pursuant to SCPC 62-3-801, if required.
- The undersigned has/have fully administered this estate by disbursing and distributing it to the persons entitled thereto, filed an Inventory and Appraisal with the Court and paid all court fees.
- The undersigned has/have sent a copy of this Verified Statement to all distributees of this Estate, and to all creditors or other claimants of whom the undersigned is/are aware and whose claims are neither paid nor barred, and the undersigned has/have furnished a full account in writing of the undersigned's administration to the distributees whose interests are affected thereby, or the undersigned is the sole distributee.
- There is no Order of the Court prohibiting the closing of this Estate, and this Estate is not being administered under Part 5.
- There are no actions or proceedings involving the undersigned as Personal Representative of this Estate pending in any court.
- This Statement is filed for the purpose of closing this Estate and terminating the appointment of the undersigned as Personal Representative(s). By law, this appointment will terminate one year after the date of the Decedent's death if no actions or proceedings involving the undersigned as Personal Representative(s) are then pending in any court.

Executed this _____ day of _____, 20_____.

VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

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

Personal Representative

Signature: _____

Print Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____

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

Co-Personal Representative

Signature: _____

Print Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

Email: _____