|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) | **RELEASE/SATISFACTION OF CLAIM**  |
| IN THE MATTER OF:  | ) |  |
|       | ) | CASE NUMBER:       |
| (Decedent) | ) |  |

|  |  |
| --- | --- |
| 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 fullClaim was compromised to our satisfactionClaim is withdrawnClaim is releasedOther       |

|  |
| --- |
| 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.