|  |  |  |
| --- | --- | --- |
| 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|  | Claim was satisfied in full  Claim was compromised to our satisfaction  Claim is withdrawn  Claim is released  Other |

|  |
| --- |
| 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.