

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

(Decedent))

IN THE PROBATE COURT

APPLICATION FOR SETTLEMENT

CASE NUMBER: _____

1. The undersigned as the Personal Representative(s) has/have collected and managed the assets of the Estate; has/have paid all lawful claims against the Estate; either has/have distributed assets or propose(s) to distribute as designated on the Proposal for Distribution; and has/have performed all other required acts pertaining to Estate of Decedent.
2. The Personal Representative(s) has/have filed:
 Proof of Publication No Publication required
 Inventory and Appraisalment(s)
 Proposal for Distribution for assets not yet distributed
 Final Accounting Accounting waived by all required parties
 Proof of Delivery that all required documents have been sent to interested persons as required by law
 All required tax returns (including final income tax return, fiduciary income tax return, Estate tax return) and any taxes due have been paid. If not, please explain:
 Documents with IRS electing portability
3. The time period for submission of claims has expired.
4. I request that the Court issue Orders as appropriate together with such other Orders as the law may require and as the Court may deem applicable and proper.
5. I request that the Court (check all that apply)
 A. Consider or approve the Personal Representative's Accounting and, if applicable, the Proposal for Distribution for assets not yet distributed.
 B. Approve the distributions previously made and authorize the Personal Representative(s) to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for Distribution (FORM 410ES).
 C. Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative's bond, if any.
 D. (Other :) _____

Executed this _____ day of _____, 20_____.

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

Notary Public for South Carolina
My Commission Expires: _____

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

Notary Public for South Carolina
My commission expires: _____

Personal Representative
Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____

Co-Personal Representative
Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____