

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

IN THE PROBATE COURT

IN THE MATTER OF THE ESTATE OF)
_____,)
Decedent.)
_____)

AFFIDAVIT AS TO REIMBURSEMENT
FOR PAYMENT OF FUNERAL BILL

I, _____, paid for the funeral of the decedent in the
amount of \$_____.

Choose One:

_____ I want to be reimbursed in the amount of \$_____. I am attaching
my paid receipt or the funeral statement showing proof that I paid for the
funeral.

_____ I do not want to be reimbursed.

Sign Name

Date

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

Notary Public for South Carolina
My Commission expires: _____