

STATE OF SOUTH CAROLINA

COUNTY OF: HORRY

IN THE MATTER OF:

)  
)  
)  
)  
)  
)  
)

IN THE PROBATE COURT

**ACCOUNTING**

**CASE NUMBER**

☐  
☐

FINAL

INTERIM #

\_\_\_\_\_

The undersigned Personal Representative(s) submits this accounting, which covers the period from \_\_\_\_\_ through \_\_\_\_\_.

The documentation on the reverse side of this form sets forth a complete accounting for the period specified, which is summarized as follows:

Beginning Balance

\_\_\_\_\_

Plus: Receipts

\_\_\_\_\_

Subtotal

\_\_\_\_\_

Less: Disbursements

\_\_\_\_\_

Ending Balance

\_\_\_\_\_

The Personal Representative declares that this account has been examined and that its contents represent a correct statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal Representative(s).

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Notary Public for  
My Commission Expires: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

