

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)
_____)
(Decedent))

IN THE PROBATE COURT

SUMMARY ADMINISTRATION ACCOUNTING

CASE NUMBER: _____

Value of decedent's property passing pursuant to Will
(Total Gross Value of Estate as shown on Inventory-Form 350) \$ _____

Less:

Liens & Encumbrances:

_____ \$ _____
_____ \$ _____

Exempt property:

_____ \$ _____
_____ \$ _____

Administration Costs & Expenses:

_____ \$ _____
_____ \$ _____

Reasonable Funeral Expenses:

_____ \$ _____
_____ \$ _____

Necessary medical and hospital expenses of last illness:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Total of above deductions: \$ _____

Gross Value of Estate less Deductions Net: \$ _____
(Cannot exceed \$25,000)

Pursuant to SCPC 62-3-1203 and 62-3-1204, the Personal Representatives states the above information is true and correct to the best knowledge and belief of the Personal Representative.

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

Personal Representative:

Signature: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

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