|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **WAIVER OF STATUTORY REQUIREMENTS** |
| IN THE MATTER OF:  | ) | **& BENEFICIARY RECEIPT/RELEASE** |
|       | ) |  |
| (Decedent)      | ))) | CASE NUMBER:       |

Personal Representative/Successor

I acknowledge that the South Carolina Probate Code requires the Personal Representative (or any Successor) to file a full accounting in writing of his/her administration of the above estate, a proposal for distribution of assets not yet distributed, and proof that a notice of right to demand hearing have been sent to all interested persons, unless waived pursuant to §62-3-1001(e).

This is to confirm that I voluntarily agree to relieve the Personal Representative (or any Successor) from the statutory duty of filing and the statutory duty of providing copies to me of these closing documents and hereby waive these statutory requirements.

I acknowledge receipt from the Personal Representative of all assets which I am entitled to inherit.

Optional: List item(s) received

In consideration of my distribution, I release and forever discharge the Personal Representative and the Estate from any and all rights and claims which I have against the Estate.

|  |
| --- |
| Executed this       day of      , 20      . |

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

 Print Name:

|  |  |  |
| --- | --- | --- |
| SWORN to before me this       day of      , 20     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_My commission expires:       |  |  |