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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | ) |  |
|  | ) | **VERIFIED STATEMENT TO CLOSE ESTATE** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

The undersigned Personal Representative of this Estate states:

1. To the best of the undersigned’s knowledge, this estate qualifies for administration under SCPC 62-3-1203 because:

|  |  |
| --- | --- |
|  | The value of the entire probate Estate of the Decedent as it appears on the Inventory and Appraisement, less liens and encumbrances, exempt property, costs, and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent does not exceed Twenty Five Thousand Dollars ($25,000.00). |
|  | The appointed Personal Representative, individually or in his/her capacity of a fiduciary, is the sole devisee under the probated Will of a testate Decedent or the sole heir of an intestate Decedent. |

2. The undersigned has/have published the Notice to Creditors pursuant to SCPC 62-3-801, if required.

3. The undersigned has fully administered this estate by disbursing and distributing it to the persons entitled thereto, filed an Inventory and Appraisement with the Court and paid all court fees.

4. The undersigned has sent a copy of this Verified Statement to all distributees of this Estate, and to all creditors or other claimants of whom the undersigned is aware and whose claims are neither paid nor barred, and the undersigned has furnished a full account in writing of the undersigned’s administration to the distributees whose interests are affected thereby, or the undersigned is the sole distributee.

5. There is no Order of the Court prohibiting the closing of this Estate, and this Estate is not being administered under Part 5.

6. There are no actions or proceedings involving the undersigned as Personal Representative of this Estate pending in any court.

7. This Statement is filed for the purpose of closing this Estate and terminating the appointment of the undersigned as Personal Representative. By law, this appointment will terminate one year after the date of the Decedent’s death if no actions or proceedings involving the undersigned as Personal Representative(s) are then pending in any court.

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

**VERIFICATION**

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned’s knowledge, information and belief.

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| SWORN to before me this | |  | | | day of | Personal Representative  Signature: | | | | |  | |
|  | | | , 20 |  |  | | | | Print Name: |  | |
|  | | | |  | | |  | | Address: | |  | |
|  | | | | |  | |  | | |  | |
| Notary Public for South Carolina | | | | |  |  | | Telephone (Work): | | |  | |
| My Commission Expires: | | |  | | |  | | (Home): | | |  | |
|  | | |  | | |  | | (Cell): | | |  | |
|  | | | Email | | | | | | | |  |
| SWORN to before me this | |  | | | day of | Co-Personal Representative  Signature: | | | | |  | |
|  | | | , 20 |  |  | | | | Print Name: |  | |
|  | | | |  | | |  | | Address: | |  | |
|  | | | | |  | |  | | |  | |
| Notary Public for South Carolina | | | | |  |  | | Telephone (Work): | | |  | |
| My Commission Expires: | | |  | | |  | | (Home): | | |  | |
|  | | |  | | |  | | (Cell): | | |  | |
|  | | | Email | | | | | | | |  |