SOUTH CAROLINA
JUDICIAL BRANCH

State of South Carolina	In the Probate Court
County of Greenville	_____ [Fill in the Circuit Where this Form will be Filed] Judicial Circuit

In the Matter of: _____ [Decedent] [Fill in Decedent's Name]	Case No. _____ [Fill in Case Number]

Verified Statement to Close Estate

The undersigned Personal Representative(s) of this estate state:

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

   a. ☐ 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 forty-five thousand dollars ($45,000.00).

   b. ☐ The appointed Personal Representative(s), individually or in their capacity as a fiduciary, is/are the sole devisee(s) under the probated will of a testate Decedent or the sole heir(s) 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/have 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/have 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/are aware and whose claims are neither paid nor barred, and the undersigned has/have furnished a full account in writing of the undersigned's administration to the distributes 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 Verified Statement is filed for the purpose of closing this estate and terminating the appointment of the undersigned as Personal Representative(s). 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.

Verification

I swear or affirm that I know the facts above to be true. I believe anything above that is stated on information and belief to be true.

_____ _____
Personal Representative Signature Relationship to Decedent / Estate

Sworn to and subscribed before me this [Fill in Day of Sworn] ___ day of [Fill in Month Name of Sworn] _____, [Fill in Year of Sworn] _____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public [Fill in Name of Notary Public]

My Commission expires the [Fill in Day of Expiry] _____ day of [Fill in Month Name of Expiry] _____, [Fill in Year of Expiry] _____.

I swear or affirm that I know the facts above to be true. I believe anything above that is stated on information and belief to be true.

_____ _____
Co-Personal Representative Signature Relationship to Decedent / Estate

Sworn to and subscribed before me this [Fill in Day of Sworn] _____ day of [Fill in Month Name of Sworn] _____, [Fill in Year of Sworn] _____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public [Fill in Name of Notary Public]

My Commission expires the [Fill in Day of Expiry] _____ day of [Fill in Month Name of Expiry] _____, [Fill in Year of Expiry] _____.