

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

IN THE PROBATE COURT

**APPLICATION FOR SETTLEMENT & ACCOUNTING
 OF SUBSEQUENT ADMINISTRATION**

CASE NUMBER:

- The undersigned as the Personal Representative(s) has/have collected and managed the additional assets of the estate; has/have distributed the additional assets or propose(s) to distribute as designated on the Proposal for Distribution (if applicable); and has/have performed all other required acts pertaining to administration of additional assets located for the estate of decedent.
- The Personal Representative(s) has/have filed:
 - Supplemental Inventory for additional assets located
 - Accounting of additional assets as indicated below Accounting waived
 - Proposal for Distribution, if applicable, for additional assets
 - All required returns (including final income tax return, fiduciary income tax return, and estate tax return). If not, please explain:
- The following sets forth a complete accounting for the said additional estate assets:

RECEIPTS	DISBURSEMENTS
(Assets received into estate)	(Assets disbursed/paid out from estate)

- I request that the Court: (check all that apply)
 - A. Consider or approve the Personal Representative's above Accounting and the Proposal for Distribution, if applicable, for assets not yet distributed.
 - B. Approve the distributions previously made and authorize the Personal Representative(s) to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for Distribution (FORM #410ES).
 - C. Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative's bond, if any.
 - D. (Other :)

Executed this _____ day of _____, 20_____.

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

Signature: _____

Print Name _____

Address: _____

 Notary Public for South Carolina

Telephone (Work): _____

(Home): _____

(Cell): _____

(Email): _____

My Commission Expires: _____