|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| a protected person. | )  )  )  ) | CASE NUMBER      -GC-     -  **AFFIDAVIT OF CONSERVATOR**  **REGARDING BOND** |

I,      , understand and agree to the following:

* I am required by the       County Probate Court to furnish bond for my service as a fiduciary, conditioned upon faithful discharge of all duties of a conservator according to law;
* The Probate Court must approve the surety issuing the bond, the terms of the bond, and the original bond must be provided to the Court;
* I am required to provide the Probate Court with my best estimate of the value of the personal estate of the protected person and of the income expected from the personal estate during the next calendar year;
* I am required to file bond with the Probate Court in an amount not less than the estimate;
* If there is an increase in the value of the personal estate of the protected person and/or of the income expected from the personal estate during the next year, I am required to notify the Probate Court and to adjust the bond as necessary;
* I may use the assets and monies in the conservatorship only on behalf of the protected person, I am not permitted to use any conservatorship assets or monies for my personal debts or obligations and I am not permitted to use conservatorship assets or monies for the debts or obligations of others, unless given specific permission by the Court; and
* I am required to report all activity concerning the bonded account(s) as required by the Probate Court.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | |  |  |