STATE OF SOUTH CAROLINA ) IN THE PROBATE COURT

)

COUNTY OF HORRY )

IN THE MATTER OF THE ESTATE OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) AFFIDAVIT AS TO REIMBURSEMENT

Decedent. ) FOR PAYMENT OF FUNERAL BILL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, paid for the funeral of the decedent in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Choose One:

\_\_\_\_\_\_\_\_\_ I want to be reimbursed in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am attaching my paid receipt or the funeral statement showing proof that I paid for the funeral.

\_\_\_\_\_\_\_\_\_ I do not want to be reimbursed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

SWORN to before me this

\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for South Carolina

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_