

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

IN THE PROBATE COURT

**ACCOUNTING**

CASE NUMBER: \_\_\_\_\_

FINAL  
 INTERIM # \_\_\_\_\_

The undersigned Personal Representative(s) submits this accounting, which covers the period from  
through \_\_\_\_\_.

The documentation on the following page(s) of this form sets forth a complete accounting for the period specified, which is  
summarized as follows:

Beginning Balance from Inventory(ies) or prior Interim Accounting, if applicable	_____
Plus: Receipts (Rent, Refunds, Dividends, Interest, etc.)	_____
Subtotal	_____
Less: Disbursements and Distributions	_____
Ending Balance	_____

The Personal Representative(s) declares that this account has been examined and that its contents represent a correct  
statement of all receipts and disbursements and are true to the best knowledge and belief of the Personal  
Representative(s).

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ , 20 \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

Co-Personal Representative Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ , 20 \_\_\_\_\_

Address: \_\_\_\_\_

Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

