

STATE OF SOUTH CAROLINA)
)
COUNTY OF HORRY)

IN THE PROBATE COURT

IN THE MATTER OF THE ESTATE OF)
_____,)
Decedent.)
_____)

AFFIDAVIT AS TO REIMBURSEMENT
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: _____