STATE OF SOUTH CAROLINA)	IN THE PROBATE COURT
COUNTY OF:)	
IN THE MATTER OF:)	PROPOSAL FOR DISTRIBUTION
(Decedent)) CAS	SE NUMBER:
Name and Address of Distributee(s)		Amount and/or Item(s)
Executed th	is day of ,	20 .
Address.		Personal Representative Signature: Print Name: Address:
(Home):		Telephone (Work): (Home): (Cell) Email: