

STATE OF SOUTH CAROLINA

COUNTY OF _____

IN THE MATTER OF:

_____,
a protected person.

▲ PROBATE COURT USE ONLY ▲
IN THE PROBATE COURT CASE NUMBER _____ -GC- _____ - _____
RELEASE/SATISFACTION OF CLAIM

Creditor:	
Original Creditor:	
Account Number:	
Other Reference Number:	
Original Claim Amount:	

The undersigned hereby states the claim has been resolved as follows:

- Claim was satisfied in full.
- Claim was compromised and any deficiency waived.
- Claim is withdrawn.
- Claim is released.
- Other _____

Executed this _____ day of _____, 20_____.

Creditor: _____

Signature of
Authorized Agent: _____

Print Agent Name and Title: _____

*Witness Signature: _____
Print Name: _____

*The Conservator shall not serve as the witness.