

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF: _____)
)

IN THE PROBATE COURT

PETITION FOR SETTLEMENT

CASE NUMBER: _____

1. The undersigned as the Personal Representative(s) has/have collected and managed the assets of the estate; has/have paid all lawful claims against the estate; either has/have distributed assets or propose(s) to distribute as designated on the Proposal for Distribution; and has/have performed all other required acts pertaining to estate of decedent.

2. The Personal Representative(s) has/have filed:
 Proof of Publication
 an Inventory
 a Proposal for Distribution
 a Final Accounting
 all required returns (including final income tax return, fiduciary income tax return, estate tax return). If not, please explain.

3. The time period for submission of claims has expired.

4. I request that the Court issue Orders as appropriate together with such other Orders as the law may require and as the Court may deem applicable and proper.

5. I request that the Court (check all that apply)
 A. Consider and approve an accounting and the proposal for Distribution.
 B. Approve the distributions previously made and authorize the Personal Representative(s) to transfer title to the assets and distribute them to the distributees in the amount and manner set forth in the Proposal for distribution (Form #410PC)
 C. Find that the decedent died testate and make a determination of the testacy status and beneficiaries of the decedent.
 D. Find that the decedent died intestate and make a determination of the heirs at law of the decedent.
 E. Discharge, or set forth the conditions of the termination of the appointment of the Personal Representative, and the release of the Personal Representative's bond, if any.
 F. (Other:)

6. Notice of right to demand hearing and copies of the final accounting, the proposal for Distribution, and this petition have been/are being sent to all interested persons as required by law.

Executed this ____ day of _____, 20____.

SWORN to before me this _____ day of _____, 20____

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____
Signature: _____
Name: _____
Address: _____
Telephone (O): _____
(H): _____