| STATE OF SOUTH CAROLINA |) IN THE PROBATE COURT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF | APPLICATION FOR SETTLEMENT & ACCOUNTING OF SUBSEQUENT ADMINISTRATION CASE NUMBER: |
| N THE MATTER OF: | |
| (Decedent) | |
| has/have distributed the additional assets or p | ve(s) has/have collected and managed the additional assets of the estate; propose(s) to distribute as designated on the Proposal for Distribution (if equired acts pertaining to administration of additional assets located for the |
| The Personal Representative(s) has/have filed: Supplemental Inventory for additional asset: Accounting of additional assets as indicated Proposal for Distribution, if applicable, for additional required returns (including final income to explain: | s located d below |
| 3. The following sets forth a complete accounting for | or the said additional estate assets: |
| RECEIPTS | DISBURSEMENTS |
| (Assets received into estate) | (Assets disbursed/paid out from estate) |
| | |
| applicable, for assets not yet distributed. B. Approve the distributions previously made assets and distribute them to the distribute Distribution (FORM 410ES). | entative's above Accounting and the Proposal for Distribution, if and authorize the Personal Representative(s) to transfer title to the ees in the amount and manner set forth in the Proposal for e termination of the appointment of the Personal Representative, and e's bond, if any. |
| Executed this | day of, 20 |
| SWORN to before me this day of, 20 | Signature: Print Name: Address: |
| Notary Public for South Carolina My commission expires: | (Cell): Email: |