

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF GREENVILLE )  
 )  
IN THE MATTER OF: )  
 )  
\_\_\_\_\_) )  
(Decedent) )

IN THE PROBATE COURT

**RELEASE/SATISFACTION OF CLAIM**

CASE NUMBER: \_\_\_\_\_

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 to our satisfaction
- Claim is withdrawn
- Claim is released
- Other \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Creditor: \_\_\_\_\_

Signature of  
Authorized Agent: \_\_\_\_\_

Print Agent Name: \_\_\_\_\_

\*Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

\*The Personal Representative is not allowed to serve as the witness.