

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

IN THE PROBATE COURT  
CASE NUMBER: \_\_\_\_\_

IN THE MATTER OF:

- Adult  
 Minor

- RECEIPT AND RELEASE  
MINOR CONSERVATORSHIP  
 ADULT CONSERVATORSHIP

\_\_\_\_\_  
Conservator

The undersigned hereby acknowledges receipt from the Conservator in this matter as follows:

**Option One: Estate Administration**

- The Adult/Minor named above died on \_\_\_\_\_. I am the Personal Representative for him/her as evidenced in the attached certified copy of my *Certificate of Appointment* is attached.
- I have received all Conservatorship assets needed for estate administration. (See *Final Conservatorship Accounting* attached hereto with amendments, if any)

OR

**Option Two: Small Estate Transfer**

- The Adult/Minor named above died on \_\_\_\_\_. I am the Affiant as evidenced in the attached certified copy of the *Affidavit for Collection of Personal Property Pursuant to Small Estate Proceeding and Court Order* (Form 420ES).
- I have received the Conservatorship assets listed on the *Final Conservatorship Accounting* and I have or will distribute those assets in accordance with the attached *Court Order* (Form 420 ES).

OR

**Option Three: Age of Majority/Marriage**

- I am the individual who is identified as the *minor* in the above caption (copy of identification attached)
- I :
  - Have reached the age of eighteen (18)(see evidence of DOB in court file or provide evidence of DOB)
  - Am married; certified copy of marriage license attached
- The Conservator has agreed to deliver and I have agreed to receive \$ \_\_\_\_\_ which represents all remaining funds in the Minor Conservatorship (See *Final Conservatorship Accounting* prepared and filed by the Conservator.)

In consideration of the above listed distribution, the undersigned hereby releases the Conservator from any further duties or responsibilities and forever discharges the Conservator from further accounting to the Court.

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

Recipient Signature: \_\_\_\_\_

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

\*Witness  
Signature: \_\_\_\_\_

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

\* The witness must be a disinterested party not related to Conservator, Affiant, the minor, a beneficiary or personal representative.