



STATE OF SOUTH CAROLINA
 DEPARTMENT OF REVENUE
DECLARATION
 Personal Representative Commissions

SC4421

(Rev. 4/7/03)

3102

Estate of: _____

Date of Death: _____

(We) _____ declare that

(our) total commissions of \$ _____ to administer this estate has been agreed upon and

has been or will be paid as follows:

Name and Address of Payee	Social Security Number of Payee	Total Amount Paid or to be Paid	Date Paid or to be Paid
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 (Signature of Personal Representative)

 (Date)

 (Signature of Personal Representative)

 (Date)