STATE OF NO	ORTH CAROLINA			File No.
	County			In The General Court Of Justice Superior Court Division Before the Clerk
IN THE MA	ATTER OF THE ESTATE OF:			
Name Of Decedent/Trust Name Of Personal Representative/Trustee			RECEIPT	
Name of Personal Representative/Trustee			□ P	ARTIAL FINAL
	ACKNOWL	EDGMEN	Т	
I, the undersigned beneficiary, agree that I did receive from the Personal Representative/Trustee of the estate/trust a distribution consisting of the following:				
DESCRIPTION			VALUE	
				\$
Date	Name Of Beneficiary (Type Or Print)		Signature	1
	Name Of Witness (Type Or Print)		Signature	