

IN THE MATTER OF THE ESTATE OF

Amended

Name \_\_\_\_\_  
\_\_\_\_\_

**Waiver and Consent  
(Informal Administration)**

Case No. \_\_\_\_\_

1. I am by law an interested person in this estate.
2. I am not a minor.
3. I have not been found incompetent and I do not have a guardian.
4. I waive any further notice of the hearing on the application for informal administration. I enter my appearance in this matter, and consent to the requests made in the application for informal administration.
5. I have received a list of all interested persons, and *(Choose one)*
  - a copy of the will dated \_\_\_\_\_ and codicil(s) (if any), dated \_\_\_\_\_.
  - a notice of the nature and amount of the bequest contained in the will dated \_\_\_\_\_ or codicil(s) (if any), dated \_\_\_\_\_.
  - decedent died leaving no will.
6. I consent to the admission of the will dated \_\_\_\_\_ and codicil(s) (if any), dated \_\_\_\_\_.
7. I consent to the appointment of \_\_\_\_\_ as personal representative(s) in this estate.
8. Other: \_\_\_\_\_

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

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Address

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Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

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Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address                      Telephone Number

\_\_\_\_\_  
Date                                      State Bar No. (if any)

▶

Signature

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)

▶

Signature

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Name Printed or Typed

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Address

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Email Address Telephone Number

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Date State Bar No. (if any)

Form completed by: (Name)	
Address	
Email Address	
Telephone	Bar Number (If any)