Part 2 5 East Pine Street P.O. Box 743 Georgetown, DE 19947



Case #

Phone: (302) 855-7875 Fax: (302) 853-5871 www.sussexcountyde.gov

Register of Wills

WAIVER OF NOTICE AND CONSENT OF BENEFICIARY TO COURT APPROVAL OF ACCOUNTING PURSUANT TO 12 DEL. C. §2302 (c)

ESTATE OF:_____

whose mailing address is _____

do hereby certify as follows:

- (1) I am a beneficiary entitled to share in the distribution of the assets of the above-referenced estate.
- (2) Pursuant to 12 Del. C. §2302 (c), I waive any right that I may have to receive further notice of the filing of this and subsequent accountings and do hereby consent that this accounting may be approved by the Court of Chancery without further notice to me.
- (3) I understand that this waiver is final and in force when it is filed with the Register of Wills and may **NOT** afterwards be taken back.
- (4) Original, signed form must be provided to the Personal Representative or Attorney.

Beneficiary

Dated: _____