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Register of Wills

ESTATE OF

WAIVER OF NOTICE AND CONSENT BY PARENT, GUARDIAN, OR TRUSTEE OF HEIR SUBJECT TO LEGAL INCAPACITY

I,

whose mailing address is

do hereby certify as follows:

- (1) I am the parent, guardian, or trustee of _____, a legally incapacitated person with the right to share in the distribution of the property of the above-referenced estate.
- (2) A copy of the accounting may be obtained at the Register of Wills.
- (3) I, pursuant to 12 Del. C. §2302(c), hereby give up any right that I may have or that such legally incapacitated heir may have to receive further notice of the filing of such accounting and all future accountings.
- (4) I consent, on behalf of the legally incapacitated heir, that such account(s) may be approved by the Court of Chancery without further notice to me or to such legally incapacitated heir.
- (5) 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.

Parent, Guardian, or Trustee

Dated: