

ESTATE OF Individual who passed away

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

I, Beneficiary name whose mailing address
is Beneficiary full address including city state and zip 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 I understand this waiver may not be withdrawn.

Beneficiary signature

Beneficiary

DATED: Date form was signed