

ESTATE OF Individual who passed away

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

I, Name of person signing on behalf of a legally incapacitated person whose mailing address is Full address including city, state and zip code

_____, hereby certify as follows:

1. I am the () parent, () guardian or () trustee of Name of the Beneficiary _____, 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.

X Name of person signing on behalf of a legally incapacitated person
Parent, Guardian or Trustee Date