

DISPOSITION OF PERSONAL PROPERTY WAIVER & CONSENT

FILE NUMBER: _____

RE: ESTATE OF _____, Deceased.

I, _____, residing at _____,
Name of Interested Party Address

_____, am the _____
City State Zip Relation to Deceased

of _____
Name of Deceased

I hereby waive my Right, Title and Interest to the assets of the Estate in favor of

_____ to enable her/him (*select one by circling*)
Claimant's Name

to pay the expenses or receive the proceeds of the Estate of the above named deceased.

Signature of Witness

Signature of Interested Party

Name of Witness (printed)

Address

City State Zip

(Area Code) Telephone Number

Date

State of _____

City of _____

County of _____

Subscribed and sworn before me on _____ (date).

_____ Personally known

_____ Produces identification

Type of identification:
commissioned

Notary Public or Deputy Clerk

Print, type or stamp

name of Notary or deputy clerk