**ACCOUNTINGS WAIVER AND CONSENT FORM**

State of [TITLE]

In the matter of [ENTER NAME OF THE DECEDENT AND DATE OF DEATH]

I, [INTERESTED PARTY NAME], being interested in the estate as [DESCRIBE RELATIONSHIP TO DECEDENT], acknowledge receipt of a copy of the [FIRST/SECOND/FINAL] account of [PERSONAL REPRESENTATIVE NAME], Fiduciary of the estate, and the petition to allow the account, including Fiduciary fees of $[AMOUNT] and Attorney fees of $[AMOUNT]. I consent to the allowance of the account and granting of the petition, and waive notice of hearing.

[ ]  *- I further consent to the schedule of distributions and to the discharge/termination of the Personal Representative and waive notice of hearing.*

**Interested Party Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [INTERESTED PARTY PRINTED NAME]

Address: [INTERESTED PARTY ADDRESS]

Telephone: [INTERESTED PARTY TELEPHONE #]

Attorney Name: [ATTORNEY PRINTED NAME]

Bar No: [ATTORNEY BAR #]

Address: [ATTORNEY ADDRESS]

Telephone: [ATTORNEY TELEPHONE #]