

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: Estate of _____
Case Number: _____
(if known)

WAIVER OF FULL ADMINISTRATION STATEMENT TO CLOSE ESTATE

I/We _____ was/were appointed Executor/Administrator(s)
of the above estate on _____ and state as follows:

1. There are no outstanding debts or obligations attributable to the deceased's estate.
2. Six months have passed since my date of appointment (specified above) and no interested person has petitioned for full administration of this estate.
3. The following is all the real estate owned by the deceased at the time of his/her death, and it has passed to _____

LOCATION OF REAL ESTATE	COUNTY	BOOK/PAGE
_____	_____	/
_____	_____	/

(If more space is needed attach additional pages)

Complete Section 4 only if real estate is listed in #3 above:

4. By providing a copy of this form I am notifying the city assessor or the town selectmen of the following town(s) or city(ies) that ownership of the real estate has passed by inheritance or devise as required by law (RSA 554:18-a):
Town/City _____

☐ I state that on this date I am sending a copy of this document as required by the rules of the Circuit Court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

Signature Instructions: The signature area below is for Executor/Admin(s) only.
Attorneys representing Executor/Admin(s) do not sign here.

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____ Executor/Admin Name	/s/	_____ Executor/Admin Signature	_____ Date
_____ Executor/Admin Address		_____ City	_____ State
_____ Executor/Admin Telephone		_____ Executor/Admin E-mail	

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_____ Executor/Admin Name	/s/ _____ Executor/Admin Signature	_____ Date
_____ Executor/Admin Address	_____ City	_____ State
		_____ Zip code
_____ Executor/Admin Telephone	_____ Executor/Admin E-mail	

FOR COURT USE

ORDER

This statement is approved and the Estate is closed.

Recommended:

Ordered by the Court: