

IN THE ORPHANS' COURT FOR

(OR)

_____, **MARYLAND**

BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

ESTATE NO. _____

WAIVER OF NOTICE

I waive notice that would otherwise be required by law or rule to be sent to me in this estate regarding the matters indicated:

- | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Notice of Judicial Probate | <input type="checkbox"/> Notice of Removal of Personal Representative |
| <input type="checkbox"/> Register's Notice to Interested Persons | <input type="checkbox"/> Notice of Petition for Termination of Personal Representative's Appointment |
| <input type="checkbox"/> Notice of Proposed Payment to Personal Representative | <input type="checkbox"/> Notice of Filing of Account |
| <input type="checkbox"/> Notice of Proposed Payment to Attorney | <input type="checkbox"/> Notice of Petition for Partition or Sale of Property |
| <input type="checkbox"/> Notice of Personal Representative's Intention to Resign | <input type="checkbox"/> Other: _____ |

(describe specifically)

By signing this waiver, I understand that it will not be necessary for the personal representative or any other person required to do so to give notice to me of any of the matters indicated above.

I UNDERSTAND THAT I AM GIVING UP THE IMPORTANT RIGHT TO BE INFORMED OF THE PROGRESS OF THE ESTATE AS TO THE MATTERS INDICATED. I ALSO UNDERSTAND THAT I MAY FILE WITH THE REGISTER A REVOCATION OF THIS WAIVER OF NOTICE BUT THE REVOCATION WILL APPLY ONLY AFTER IT IS FILED AND SERVED ON THE PERSONAL REPRESENTATIVE.

Attorney

Signature

Date

Address

Print Name

Address

Telephone Number

Facsimile Number

Email Address

Certificate of Service

I hereby certify that on this _____ day of _____, _____, I delivered or mailed, postage prepaid, a copy of this Waiver of Notice to:

Signature

Print Name