IN THE ORPHANS' COURT FOR

(OR)

BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

\_\_\_\_\_, MARYLAND

		ESTATE NO	
I	PERSONAL REPR	_	ve named in
l,			
(state name an	nd relationship to decedent or other basis for appoir	, ask the court or register to a itment)	ippoint
	ir	istead of me to serve as personal re	epresentative. I
	nt. I understand that if		
is so appointed I may not v	withdraw this consent so long as		
remains personal represer	ntative, except upon a showing of good ca	ause.	
I,		, further	
consent that			ll serve
	onal representative without a bond, exce		
do not o	consent that		shall serve
	sonal representative without a bond.		
DATE	SIGNATURE	NAME (typed or printed)	
Attorney		-	
	Address	-	
	Address	-	
Т	Felephone Number	-	
	Facsimile Number	-	
	Email Address	-	
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