

BEFORE THE REGISTER OF WILLS FOR \_\_\_\_\_, MARYLAND

IN THE ESTATE OF:

ESTATE NO: \_\_\_\_\_

**CONSENT TO COMPENSATION FOR  
PERSONAL REPRESENTATIVE AND/OR ATTORNEY**

I understand that the law, Estates and Trusts Article, §7-601 provides a formula to establish the maximum total commissions to be paid for personal representative's commissions. If the total compensation for personal representative's commissions and attorney's fees being requested falls within the maximum allowable commissions, and the request is consented to by all unpaid creditors who have filed claims and all interested persons, this payment need not be subject to review or approval by the Court. A creditor or an interested party may, but is not required to, consent to these fees. The formula sets total compensation at 9% of the first \$20,000 of the adjusted estate subject to administration PLUS 3.6% of the excess over \$20,000. Based on this formula, the adjusted estate subject to administration known at this time is \$\_\_\_\_\_. The total allowable statutory maximum commission based on the adjusted estate subject to administration known at this time is \$\_\_\_\_\_, LESS any personal representative's commissions and attorney's fees previously approved as required by law and paid. To date, \$\_\_\_\_\_ in personal representative's commissions and \$\_\_\_\_\_ in attorney's fees have been paid.

IF ALL REQUIRED CONSENTS ARE NOT OBTAINED, A PETITION SHALL BE FILED, AND THE COURT SHALL DETERMINE THE AMOUNT TO BE PAID

**Cross References** - See 90 Op. Att'y Gen. 145 (2005).

Total combined fees being requested are \$ \_\_\_\_\_, to be paid as follows:

Amount	To	Name of Personal Representative/Attorney
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read this entire form and I hereby consent to the payment of personal representative and/or attorney's fees in the above amount.

Date	Signature	Name (Typed or Printed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Personal Representative