| COUNTY COMMISSION OF JA | ACKSON COUNTY, | WEST VIRGINIA |
|-------------------------|----------------|---------------|
| | | |
| ESTATE OF | | DECEASED |

WAIVER OF BENEFICIARY AS PERSONAL REPRESENTATIVE

| | [WV §44-1-4] | |
|--|---|--------------------------------|
| To the County Commission of Jackson thereof in vacation or recess: | n County, West Virginia | a, or the Fiduciary Supervisor |
| Ι, | (beneficiary name), a beneficiary under the Last Will | |
| and Testament of | , deceased, hereby waive my | |
| right to qualify/serve as Personal Repr | esentative of said estate | . |
| Given under my hand this | day of | , 20 |
| | - 1g: | |
| | Legal Signature | |
| STATE OF | | |
| COUNTY OF | _, TO-WIT: | |
| Ι, | , a Nota | ry Public of |
| County, State of | , do certify that | , |
| whose name is signed to the writing ab | oove, bearing date the _ | day of, 20, |
| has this day acknowledged the same be | efore me in my said cou | inty. |
| Given under my hand this | day of | , 20 |
| | | |
| | NOTARY P | UBLIC |
| | COMMISSIO | ON EXPIRES |