COUNTY COMMISSION OF JACKSON COUNTY, WEST VIRGINIA

ESTATE OF	, DECEASED
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NOMINATION AND WAIVER FOR APPOINTMENT (ADMINISTRATOR OR ADMINISTRATRIX)

[WV §44-1-4]

To the County Commission of Jackson	on County, West Virgi vacation or recess	nia, or the Fiduciary Supervisor thereof in ::
I,	(name of heir),	(relationship to decedent)
of	(decedent nan	ne), deceased, who died intestate on the
day of	20	_, hereby waive my right to qualify as
Administrator/trix of said estate and	nominate and ask ye	ou to appoint
	as such Adn	ninistrator/trix.
Given under my hand this _	day of	, 20
STATE OF	Legal Signature	,
COUNTY OF	_, 10-w11.	
I,, a N	otary Public of	County, State of
, do certify that		, whose name
is signed to the writing above, bearing	ng date the	day of, 20, has
this day acknowledged the same before	ore me in my said co	ounty.
Given under my hand this _	day of	, 20
	NOTAL	RY PUBLIC

COMMISSION EXPIRES