

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of

WAIVER OF NOTICE

_____,
Decedent

I, _____, state:

1. My address is: _____.
2. I am an interested person as defined by Minnesota law because I am: _____.
3. (Check appropriate box)
 I waive notice of all hearings on the Petition entitled _____, signed by _____, dated _____.
 I waive notice of informal appointment proceeding.

Dated: _____

Signature

| |
|----------------------------|
| Attorney for _____ |
| Name _____ |
| Firm _____ |
| Street _____ |
| City, State, ZIP _____ |
| Attorney License No: _____ |
| Telephone: _____ |
| FAX: _____ |
| Email: _____ |