

**SENSIBLE SOLUTIONS**

Case #:

**Waiver of Probate / Letter of Indemnity Form**

**Note: Complete all highlighted fields on this form for Non-Probated Assets only**

I or We the undersigned, being duly sworn, depose and say that:

(1) I am or We are familiar with the facts relating to the Estate of \_\_\_\_\_  
(indicate name of deceased)

Deceased; said Deceased died on the \_\_\_\_\_ day in the month of \_\_\_\_\_ in the  
(day of death) (month of death)

year of \_\_\_\_\_, at \_\_\_\_\_;  
(year of death) (indicate City and State where deceased last resided)

The sole surviving heirs-at-law or parties entitled to a share of the present assets under a duly executed last will and testament of the decedent are:

*Indicate in the spaces below the Name, Address, Relationship and Age of all Heirs-at-law or Legatees entitled to share in the estate. Should additional room be required, please attach a separate sheet of paper.*

<b>NAME</b>	<b>ADDRESS</b>	<b>RELATION TO DECEASED</b>	<b>AGE</b>

(2) None of the mentioned heirs-at-law or parties entitled to the asset under a duly executed last will and testament of the decedent is known to be an unrepresented incompetent.

(3) There is no fiduciary currently authorized to act on behalf of the Estate of the decedent, nor any presently pending application, petition or motion for or regarding appointment of the same.

(4) The Deceased, died the owner of:

<b>SECURITY</b>	<b>NUMBER OF SHARES</b>

*Note: See Authorization Letter for security name and number of shares*

(hereinafter called the "Original" whether one or more)

Issued by «IssueName» (hereinafter called the "Issuing Corporation"), administered by «TAName», and registered in the name of:

\_\_\_\_\_  
(Indicate present registration)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Indicate the Soc Sec # of the registered owner)

(5) The undersigned request(s) the Issuing Corporation and its agents to transfer the Original to:

New Registration (see Note): \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security or Tax ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

(6) Account Type  
(please check one)

- \_\_\_\_\_ Individual
- \_\_\_\_\_ Joint
- \_\_\_\_\_ Trust (see Note)
- \_\_\_\_\_ Other

Note: If you are establishing a trust account, please be sure to provide: 1) The name(s) of all of the trustees, 2) The complete name of the trust, 3) the date the trust was established, and 4) The Tax Identification Number of the Trust.

(7) Complete if there is more than one heir-at-law or party entitled to a share of the present assets under a duly executed last will and testament of the decedent identified in Section #1.

Signed, sealed, and dated this \_\_\_\_\_ day in the month of \_\_\_\_\_ in the year of 20 \_\_\_\_.

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Heir-at-law*

\_\_\_\_\_  
*Signature of Heir-at-law*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
*Signature of Heir-at-law*

My Commission Expires: \_\_\_\_\_  
(Attach Additional Notaries Where Necessary)

\_\_\_\_\_  
*Signature of Heir-at-law*

\_\_\_\_\_  
*Signature of Heir-at-law*

(8) Complete by new owner or acting representative.

Signed, sealed, and dated this \_\_\_\_\_ day in the month of \_\_\_\_\_ in the year of 20 \_\_\_\_.

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
*Signature of Claimant*

My Commission Expires: \_\_\_\_\_  
(Attach Additional Notaries Where Necessary)