DISPOSITION OF PERSONAL PROPERTY WAIVER & CONSENT

			FILE NUMBER:		
RE: ESTATE OF			, Deceased.		
I, Name of Interested Party			_, residing at		
Name of Interested Party			Address		
			, am the		
City	State	Zip	Relation to De	eceased	
of					
Nam	e of Deceased		<u></u> :		
	no police Tule		the the court of the Estate is for each	-	
i nereby wai	ve my Right, Title a	na interes	t to the assets of the Estate in favor of		
			to enable her/him (select on by c	ircling)	
Claim	ant's Name				
to pay the ex	xpenses <u>or</u> receive	the proce	eds of the Estate of the above named o	deceased.	
		•			
Signature of Witness			- Davita		
Signa	ature of witness		Signature of Interested	ı Party	
Name of Witness (printed)			Address		
IVAII	ic or withess (print	.cu)	Addiess		
Date			City State		
Date	:		City State	Zip	
			Telenhone Number	Telephone Number	
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