

WAIVER OF QUALIFICATION

VA. CODE §§ 64.2-500, 64.2-502

Court File No.

TO THE CLERK:

..... Virginia, Circuit Court

.....
NAME OF DECEDENT DATE OF DEATH

- 1. I/We, the executor(s) appointed by the decedent's will,
 - I refuse the executorship
 - I refuse the executorship in favor of the co-executor(s)

SIGNATURE OF EXECUTOR(S)

- 2. I/We, residual or substantial legatee(s) (persons to whom decedent willed personal property), or
- I/We, distributees of the intestate decedent's estate (relatives under Va. Code § 64.2-201; see also § 64.2-200), decline to qualify on the estate and request appointment of

.....
NAME AND ADDRESS OF PERSON NOMINATED FOR APPOINTMENT

- as administrator, c.t.a. (if decedent left a will) or
- as administrator (if decedent did not leave a will)

SIGNATURE(S), LEGATEE(S)/DISTRIBUTEE(S)

RELATIONSHIP TO DECEDENT

_____
_____
_____
_____

City County of State/Commonwealth of

Acknowledged, subscribed and sworn to before me this day of, 20

by
NAME(S) AND TITLE(S) OR POSITION

..... Notary Public

My commission expires

Registration No.

....., Clerk, by Deputy Clerk