

ESTATE OF _____

**WAIVER OF NOTICE AND CONSENT
BY PARENT, GUARDIAN OR TRUSTEE
OF HEIR SUBJECT TO LEGAL INCAPACITY
TO COURT APPROVAL OF ACCOUNTING
PURSUANT TO 12 DEL. C. § 2302**

I, _____, whose mailing address is
_____, do hereby certify as follow:

1. I am the (___) parent, (___) guardian or (___) trustee of _____,
a legally incapacitated person with the right to share in the distribution of the assets of the
above-referenced estate;
2. A copy of the accounting may be obtained at the Register of Wills;
3. Pursuant to 12 Del. C. §2302(c), I waive any right that I may have or that such
legally incapacitated heir may have to receive further notice of the filing of this and subsequent
accountings;
4. I hereby consent, on behalf of the legally incapacitated heir, that this accounting
may be approved by the Court of Chancery without further notice to me or to such legally
incapacitated heir;
5. I understand that this waiver is final and in force when it is filed with the Register
of Wills and may not afterwards be withdrawn.

Parent, Guardian or Trustee

Dated: _____