REGISTER OF WILLS IN AND FOR KENT COUNTY
STATE OF DELAWARE

TO: Harold K. Brode
Register of Wills

Sir/Madam:

I, _____ of _____,
(Name) (Street Address)

_____, _____,
(City/State/Zip) (Relationship to Deceased)

_____, late of _____,
(Deceased Full Name) (City/State of Deceased)

do hereby renounce my right and power of administration on the estate of said deceased. I do solemnly announce my refusal thereof.

GIVEN UNDER MY HAND, this _____ day of _____, _____.

X _____
(your signature)

SWORN AND SUBSCRIBED before me the day and year aforesaid.

_____
Notarial Officer

My Commission Expires: _____