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 follows:

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understand that this waiver is final and in force when it is filed with the Register of Wills and may not afterwards be withdrawn.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: _____