

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)/DISTRIBUTE(S)	RELATIONSHIP TO DECEDENT
_____
_____
_____
_____

City County of State/Commonwealth of

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

by
PRINT NAME OF SIGNATORY

.....
 CLERK DEPUTY CLERK
 NOTARY PUBLIC My commission expires
Registration No.