

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

IN RE: \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

## APPOINTMENT OF RESIDENT AGENT

1. Fiduciary Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_

2. Deceased/Ward Name \_\_\_\_\_  
Residence (city or town) \_\_\_\_\_

3. Fiduciary is:  Executor  Administrator  Special Administrator  
 Administrator De Bonis Non  Guardian  Conservator  Trustee  
 Ancillary Executor or Administrator

4. I hereby appoint \_\_\_\_\_ as my agent to receive notice of claims against the estate of the deceased/ward, and service of process against me as fiduciary.

Resident agent mailing address \_\_\_\_\_

Resident agent telephone number \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Fiduciary Signature

I accept appointment as resident agent.

Date: \_\_\_\_\_

\_\_\_\_\_  
Resident Agent Signature