

The State of New Hampshire

_____ COUNTY

PROBATE COURT

THE ESTATE OF _____

DOCKET NUMBER: _____

WAIVER OF FULL ADMINISTRATION AFFIDAVIT

I, _____ was appointed fiduciary of the above estate on _____, and under oath depose and say as follows:

1. To the best of my knowledge and belief, there are no outstanding debts or obligations attributable to the deceased's estate.
2. I certify that six months have passed since my date of appointment (specified above) and that no interested person has petitioned for full administration of this estate.
3. I certify that the following is all the real estate owned by the deceased at the time of his/her death, and that it has passed to _____.

LOCATION OF REAL ESTATE	COUNTY REGISTRY OF DEEDS	BOOK PAGE
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4. If real estate is listed in #3 above, I certify that I have notified either the assessor of the city of _____ or the selectmen of the town of _____ as required by RSA 554:18-a, by providing them with a copy of this form.

Date: _____

Surviving Spouse or Child Signature

Telephone Number

Mailing Address

THE STATE OF NEW HAMPSHIRE

_____ COUNTY

DATE _____

Personally appeared the above named person and made oath that the foregoing statements made are true, according to his/her best knowledge and belief. Before me,

Affix Seal

My Commission Expires _____

Justice of the Peace/Notary Public

ORDER

This affidavit is approved.

Date: _____

Judge