

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

**WAIVER OF
PERSONAL REPRESENTATIVE'S BOND**

G.S. 28A-8-1(b)(6), (8)

I certify that I am an heir/devisee of the above named decedent, and I am over eighteen (18) years of age.

I waive the statutory requirement for bond for the personal representative named below of this estate, who resides in the State of North Carolina, and agree to relieve him/her from the necessity of giving the statutory bond. **(NOTE: An express requirement in the will for a bond cannot be waived.)**

Name Of Personal Representative

I understand that this means that there will be no bond to go against if the personal representative does not properly administer the estate and distribute the assets to the heirs.

I have read this Waiver, and I fully understand its meaning and effect.

Date		Date	
Name Of Heir/Devisee (Type Or Print)		Name Of Heir/Devisee (Type Or Print)	
Signature Of Heir/Devisee		Signature Of Heir/Devisee	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature	Date	Signature
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
<input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date My Commission Expires	Date My Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL

Date		Date	
Name Of Heir/Devisee (Type Or Print)		Name Of Heir/Devisee (Type Or Print)	
Signature Of Heir/Devisee		Signature Of Heir/Devisee	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
Date	Signature	Date	Signature
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
<input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date My Commission Expires	Date My Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL