

# STATE OF MAINE

\_\_\_\_\_ COUNTY PROBATE COURT

DOCKET NO. \_\_\_\_\_

Estate of \_\_\_\_\_  
Deceased or Protected Person

WAIVER OF NOTICE

I. \_\_\_\_\_  
(Type or Print Name)

of \_\_\_\_\_,  
(Mailing Address)

am above the age of 18 years and am not under any legal disability which would prevent my execution of this waiver.

I am aware that I have or may have an interest in the estate to which this waiver relates and that I may have a legal right to participate in hearings relating to this estate and to have notice of all such hearings as well as of all relevant filings and orders given to me.

(Check General or Limited Waiver. IF NEITHER IS CHECKED, THIS IS A GENERAL WAIVER.)

General waiver:

I hereby revoke any previous demand for notice I may have filed and waive all rights to further notice of any proceedings, hearings, filings, orders or other matters related to this estate until I may revoke this waiver in a writing filed with the court. I do not, by this waiver, waive any right I may have to receive any benefit from this estate to which I may be, by law, entitled.

Limited waiver:

Without revoking any previous demand for notice I may have filed I waive my rights to notice with respect to the following proceedings only:

Dated \_\_\_\_\_

\_\_\_\_\_  
Person Waiving Notice of his Attorney

Name, address and telephone number of attorney, if any, for person waiving notice.

See 18-A MRSA § 1-402 and Rule 4D.

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Typed or Printed Name of Preparer

MARP