Name:		
Address:		
Tel. No.:		
Cell No.:		
In The Matter of the Estate of	F	
Deceased	,	
Deceased	OCE	AN COUNTY SURROGATE COURT
	Dock	et Number
		WITHDRAWAL OF CAVEAT
I, (your name )	, a (kinship)	, of the deceased who was a resident of
(decedents address)		
Do hereby WITHDRAWAL the	e Caveat that was filed by n	ne on
regarding the Estate of		
-	(name of decedent)	
Date:		

Signature