

State of New Jersey
Ocean County Surrogate's Court

In the Matter of _____

Docket: _____

Deceased _____

CONSENT TO VOLUNTARY
DISCHARGE OF ADMINISTRATOR
and RENUNCIATION

TO THE SURROGATE OF THE COUNTY OF OCEAN, STATE OF NEW JERSEY:

BE IT KNOWN, that I _____, heir-at-law of _____ late of _____ in said County of Ocean, hereby consent to the voluntary discharge of _____ as Administrator of the estate, renounce all right and claim to serve as Substitute Administrator, and request that _____ be named as Substitute Administrator of said decedent's estate.

BE IF FURTHER KNOWN that I:

- waive** my right to a final verified account showing the true condition of the Estate, OR
 do not waive my right to a final verified account showing the true condition of the Estate.

Date: _____

State of _____ SS:

County of _____

Be it Remembered that on _____ before me, the subscriber, personally appeared _____ who I am satisfied is the person in the foregoing instrument named, and I having first made known to him/her the contents thereof, he/she did thereupon acknowledge that he/she signed, sealed and delivered the aforesaid instrument as his/her voluntary act and deed for the uses and purposes therein expressed.

AFFIX SEAL / STAMP

Probate Clerk/Notary