## Office of the Clerk of the Monroe County Commission

## Nomination and Waiver for Appointment of Administrator or Administratrix

To the County Commission of Monroe County, West Virginia, or the Clerk thereof in vacation or recess:

| ,                     | l,                             |                           | Relati                | Relationship to decedent               |  |
|-----------------------|--------------------------------|---------------------------|-----------------------|--|--|
| of<br>Decedent's Name |                                |                           | , deceased, wh        | , deceased, who died intestate         |  |
|                       | Decedent's Na                  | me                        |                       |  |  |
| on the                | day of                         | , 20                      | , hereby wai          | , hereby waive my right to qualify as  |  |
| Day                   | ý                              | Month                     | Year                  |  |  |
| administrato          | or or administratrix of h      | nis or her estate, and no | ominate and ask you   | to appoint                             |  |
|                       |                                | as s                      | such administrator or | administratrix.                        |  |
|                       | Name of person you wish to nor | ninate                    |                       |  |  |
| Give                  | n under my hand this           | day of                    |                       | . 20                                   |  |
|                       | , <u>-</u>                     | day of<br><sub>Day</sub>  | Month                 | Year                                   |  |
|                       |                                |                           |                       |  |  |
|                       |                                |                           |                       |  |  |
|                       |                                |                           |                       |  |  |
|                       |                                | Signature                 |                       |  |  |
|                       |                                |                           |                       |  |  |
| State of              |                                |                           |                       |  |  |
| State of              | :                              |                           |                       |  |  |
| County of             |                                | , TO WIL.                 |                       |  |  |
|                       |                                | , a notary public of      |                       |  |  |
| County, Stat          | e of, do                       | certify that              |                       | ······································ |  |
| whose name            | e is signed to the writin      | g above, bearing the      | day of                | , 20,                                  |  |
| has this day          | acknowledged the sam           | ne before me in my said   | l county.             |  |  |
| has this day          | -                              |                           |                       |  |  |

Notary Public Signature

My Commission Expires: \_\_\_\_\_