Mailing Address: City, State, and Zip Code: Day/Evening Phone Number: Email Address: State Bar Number (if applicable Representing: Self Pe		::		
		SUPERIOR COURT MOHAVE CO		
In the Matter of the Estate of			Case Number:	
			CONSENT WAIVER	
	an Adult	a Minor, deceased	HONORABLE:	
1.	RELATIONSHIP	O DECEDENT		
	(Name of person v	who died)		
2.	property located in	o the property described Mohave County. Note: surveyor's office.)	,	•
3.	(Name of petitione future hearing set	ent and assign all intereser)as to said property.	without bond and	
			Signature	
		ffirmed) before me on the	day of	, 20
My Commission Expires:			Notary Public / Deputy	Clerk

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Name of Person Filing: