DISPOSITION OF PERSONAL PROPERTY WAIVER & CONSENT FORM

	FILE NUMBER
RE: ESTATE OF	, Deceased.
I	residing at
Name of Interested Party	Address
	am the
City State Zip	am the Relation to Deceased
of	
Name of Deceased	
Claimant's Name	to enable her/him (to pay s) of the Estate of the above named deceased.
Signature of Witness	Signature of Interested Party
Name of Witness (printed)	Address
Date	City State Zip
	(Area Code) Telephone Number