

6. OTHER PROCEEDINGS, IF ANY, REGARDING THE DECEDENT OR THE ESTATE ARE AS FOLLOWS:

7. IF ANY INFORMATION REQUIRED BY PARAGRAPHS 2 THROUGH 6 HAS NOT BEEN FURNISHED, THE REASON IS:

8. IF APPOINTED, I ACCEPT THE DUTIES OF THE OFFICE OF PERSONAL REPRESENTATIVE AND CONSENT TO PERSONAL JURISDICTION IN ANY ACTION BROUGHT IN THIS STATE AGAINST ME AS PERSONAL REPRESENTATIVE OR ARISING OUT OF THE DUTIES OF THE OFFICE OF PERSONAL REPRESENTATIVE.

WHEREFORE, I REQUEST APPOINTMENT AS PERSONAL REPRESENTATIVE OF THE DECEDENT'S ESTATE AND THE FOLLOWING RELIEF AS INDICATED:

[ ] THAT THE WILL AND CODICILS, IF ANY, BE ADMITTED TO ADMINISTRATIVE PROBATE;

[ ] THAT THE WILL AND CODICILS, IF ANY, BE ADMITTED TO JUDICIAL PROBATE;

[ ] THAT THE WILL AND CODICILS, IF ANY, BE FILED ONLY;

[ ] THAT THE FOLLOWING ADDITIONAL RELIEF BE GRANTED: \_\_\_\_\_

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING PETITION ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
PETITIONER                      DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PETITIONER                      DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
PETITIONER                      DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

IN THE ORPHANS' COURT FOR