

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	FOR COURT USE ONLY
TELEPHONE NO.:			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS:			
MATTER OF:			
☐ DECEDENT ☐ CONSERVATEE ☐ TRUST/OTHER			
CONSENT TO SERVE			CASE NUMBER:

I consent to serve as:

- ☐ Personal Representative of the Decedent
- ☐ Conservator of the Person of the Conservatee
- ☐ Conservator of the Estate of the Conservatee
- ☐ Trustee of the Subject Trust
- ☐ Other (specify) _____

Executed at _____ on _____
 (City and State) (Date)

 (Signature)

 (Type or Print Name)