

|                                                                                                                                            |  |                  |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--------------------|
| 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): _____                                                                                                                 |  |                  |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>                                                                                 |  |                  |                    |
| COURTHOUSE ADDRESS:                                                                                                                        |  |                  |                    |
| MATTER OF:                                                                                                                                 |  |                  |                    |
| <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR <input type="checkbox"/> TRUST/OTHER |  |                  |                    |
| <b>WAIVER OF ACCOUNT</b>                                                                                                                   |  |                  | CASE NUMBER:       |

The undersigned hereby waives the filing and settlement of a final account by:

\_\_\_\_\_

(Name and Title)

Executed at \_\_\_\_\_ on \_\_\_\_\_

(City and State) (Date)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Print Name)

Waiver of Account