



Office of the Fiduciary Supervisor

Kanawha County Commission

P.O. Box 3627, Charleston, WV 25336

(304) 357-0125

Declination as Personal Representative

I/We, _____ and _____ named as a beneficiary/ies of the will of _____, do hereby decline to serve as Personal Representative of said will.

Dated this _____ day of _____, 20_____.

(Signature)

(Signature)

State of: _____

County of: _____

I, _____, a Notary Public in and for said State, do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20_____.

My commission expires _____.

(Notary Public)