



ESTATE OF (Name):

CASE NUMBER:

DECEDENT

4. By signing below, I WAIVE MY RIGHT to receive prior notice of (CHECK ONLY ONE BOX to indicate your choice):

- a.  Any and all actions the personal representative is authorized to take under the Independent Administration of Estates Act.
- b.  Any of the kinds of transactions I have listed below that the personal representative is authorized to take under the Independent Administration of Estates Act (specify which actions you are waiving your right to receive notice of):  
 See Attachment 4.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

My address is (type or print):

(Keep a copy for your records.)

**REVOCATION OF WAIVER OF NOTICE OF PROPOSED ACTION**

- 1. I previously signed a waiver of my right to receive notices of proposed actions by the personal representative under the Independent Administration of Estates Act.
- 2. I **revoke** (cancel) any previous waiver of my right to receive notices of proposed actions by the personal representative of the estate of the decedent.
- 3. I request the personal representative to send me all notices required by law.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

My address is (type or print):

(Mail or deliver this revocation to the personal representative at the address in item 1 on the reverse. Keep a copy for your records.)

**PROOF OF SERVICE BY MAIL**

- 1. I mailed a copy of the  Waiver of Notice of Proposed Action  Revocation to the personal representative by  **depositing** a copy of the revocation with the United States Postal Service, in a sealed envelope with postage fully prepaid by first-class mail **or**  **placing** the envelope for collection and mailing on the date and place below following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.  
I am a resident of or employed in the county where the mailing occurred.
- 2. The envelope was addressed and mailed as follows:
  - a. Name of personal representative served:
  - b. Address on envelope:
  - c. Date of mailing:
  - d. Place of mailing (city and state):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)