

IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY,  
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No. \_\_\_\_\_

Division \_\_\_\_\_

Deceased.

WAIVER OF ACCOUNTING, PORTIONS OF PETITION FOR  
DISCHARGE AND SERVICE OF PETITION FOR DISCHARGE;  
RECEIPT OF BENEFICIARY AND CONSENT TO DISCHARGE  
AND CONSENT TO DISCHARGE  
(Full Waiver)

The undersigned, \_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_, and who has an interest in the  
above estate as \_\_\_\_\_, hereby:

- (a) Expressly acknowledges that the undersigned is aware of the right to have a final accounting;
- (b) Waives the filing and service of a final or other accounting by the personal representative;
- (c) Waives the inclusion in the Petition for Discharge of the amount of compensation paid or to be paid to the personal representatives, attorneys, accountants, appraisers, or other agents employed by the personal representatives, and the manner of determining that compensation;
- (d) Expressly acknowledges that the undersigned has actual knowledge of the amount and manner of determining the compensation of the personal representatives, attorneys, accountants, appraisers, or other agents employed by the personal representatives; has agreed to the amount and manner of determining such compensation; and waives any objections to the payment of such compensation;
- (e) Waives the inclusion in the Petition for Discharge of a plan of distribution;
- (f) Waives service of the Petition for Discharge of the personal representative and all notice thereof upon the undersigned;
- (g) Waives all objections to any accounting and to the Petition for Discharge;
- (h) Acknowledges receipt of complete distribution of the share of the estate to which the undersigned was entitled;
- (i) Consents to the entry of an order discharging the personal representative without notice, hearing or waiting period and without further accounting.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Beneficiary

[Print or Type Names Under All Signature Lines]