

IN THE ORPHANS' COURT FOR
(OR) _____, MARYLAND
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF: _____ ESTATE NO. _____

**PERSONAL REPRESENTATIVE'S
ACCEPTANCE AND CONSENT**

If appointed, I accept the duties of the office of personal representative and consent to personal jurisdiction in any action brought in this State against me as personal representative or arising out of the duties of the office of personal representative.

Date: _____

Personal Representative

Address

Attorney

Address

Telephone Number

Facsimile Number

Email Address