

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name:
Case Name: Estate of
Case Number: (if known)

DECLINATION
To serve as Executor/Trustee

- 1. Executor/Trustee name: Telephone: Mailing address: Street City State Zip code
2. Executor/Trustee name: Telephone: Mailing address: Street City State Zip code
3. Deceased name: Date of Death: Residence: Street City State

The undersigned was/were named executor(s)/trustee(s) in the last will and testament of the deceased, and hereby decline(s) to serve.

Name of Filer Signature of Filer Date
Law Firm, if applicable Bar ID # of attorney Telephone
Address E-mail
City State Zip code

Name of Filer Signature of Filer Date
Law Firm, if applicable Bar ID # of attorney Telephone
Address E-mail
City State Zip code