

**Using This Revisable PDF Form**

## 1. Copies

Original – to court.

## 2. Prepared by fiduciary who is a nonresident of Virginia.

## 3. Attachments – none.

## 4. Preparation details

- a. This form is to be used to appoint a Virginia resident to receive service of process for an out-of-state fiduciary.
- b. This form should include either an acknowledgement of the fiduciary's signature or the signature must be witnessed by the clerk.

**CONSENT OF NONRESIDENT FIDUCIARY FOR SERVICE OF PROCESS**

COMMONWEALTH OF VIRGINIA VA. CODE §§ 64.2-1426, 64.2-426, 64.2-427

Court File No. 1

ESTATE OF 2

I, 3, who qualified on the

4 day of \_\_\_\_\_, \_\_\_\_\_, as

- 5** {
- Personal Representative (defined in Virginia Code § 1-234)
  - Trustee under a Will or Inter Vivos Trust
  - Guardian
  - Conservator of an Incapacitated Person

of the Estate of 6,

hereby consent to and appoint 7,

whose home address and home telephone number is 8

and whose work address and work telephone number is 9

and who is a resident of the Commonwealth of Virginia to accept service of process in any action against me in my fiduciary capacity, or any other notice with respect to administration of the estate in my charge.

**NOTE: The Clerk may require evidence of consent.**

This \_\_\_\_\_ day of 10, 20 \_\_\_\_\_.

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PERSONAL REPRESENTATIVE/TRUSTEE/GUARDIAN/CONSERVATOR

State/Commonwealth of \_\_\_\_\_ [ ] City [ ] County of \_\_\_\_\_

The foregoing instrument was subscribed and sworn to/affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_

PRINT NAME OF SIGNATORY

NOTARY PUBLIC (My Commission expires: \_\_\_\_\_)

Registration No. \_\_\_\_\_

Witness:

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CLERK/DEPUTY CLERK

**Data Elements**

1. Case number of estate.
2. Name of person whose estate is being managed by the fiduciary.
3. Name of fiduciary.
4. Date on which fiduciary qualified.
5. Check the applicable box to designate the type of fiduciary.
6. Name of person whose estate is being managed by the fiduciary.
7. Name of resident of Virginia who will accept service of process for the non-resident fiduciary.
8. Home address and telephone number of person named in Data Element No. 7.
9. Work address and telephone number of person named in Data Element No. 7.
10. Date signed by the fiduciary.
11. Signature of fiduciary.
12. If acknowledgement taken by notary public, all fields must be completed, including notary's registration number and commission expiration date.
13. Signature of clerk or deputy clerk, if applicable. See Using This Form, 4.b.