

**WAIVER OF QUALIFICATION**

VA. CODE §§ 64.2-500, 64.2-502

Court File No. ....

TO THE CLERK:

..... Virginia, Circuit Court

.....  
NAME OF DECEDENT DATE OF DEATH

1. I/We, the executor(s) appointed by the decedent's will,  
 I refuse the executorship  
 I refuse the executorship in favor of the co-executor(s)

SIGNATURE OF EXECUTOR(S)

\_\_\_\_\_  
\_\_\_\_\_

2.  I/We, residual or substantial legatee(s) (persons to whom decedent willed personal property), or  
 I/We, distributees of the intestate decedent's estate (relatives under Va. Code § 64.2-201; see also § 64.2-200),  
decline to qualify on the estate and request appointment of

.....  
NAME AND ADDRESS OF PERSON NOMINATED FOR APPOINTMENT

as administrator, c.t.a. (if decedent left a will) or  
 as administrator (if decedent did not leave a will)

SIGNATURE(S), LEGATEE(S)/DISTRIBUTE(S)	RELATIONSHIP TO DECEDENT
_____	.....
_____	.....
_____	.....
_____	.....

City  County of ..... State/Commonwealth of .....

Acknowledged, subscribed and sworn to before me this ..... day of ....., 20 .....

by .....  
PRINT NAME OF SIGNATORY

.....  
 CLERK     DEPUTY CLERK  
 NOTARY PUBLIC My commission expires .....  
Registration No. ....