

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. CHARLES COUNTY, MISSOURI

In the matter of

_____ No. _____
Deceased

CONSENT TO INDEPENDENT ADMINISTRATION

The undersigned, _____, hereby
Name (typed)
consents to independent administration of the estate of the above named decedent.

_____ Date _____ Signature _____
Street Address _____
City State Zip Code

3780/A

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