



WITHDRAWAL AS PERSONAL REPRESENTATIVE FORM

This Form must be completed by the person who is withdrawing their Claim for compensation as a Personal Representative for a Minor Child

ALL INFORMATION MUST BE FILLED IN AND COMPLETED BELOW

I, _____ submitted a claim as a Personal Representative
(First and Last Name of Withdrawing Personal Representative)

on behalf of the Minor Child _____ (the "Minor").
(First and Last Name of Minor Child)

I hereby withdraw and abandon my claim, _____, on the understanding that
(Claim ID Number)

_____ who also submitted a claim as a Personal Representative
(First and Last Name of Remaining Personal Representative)

on behalf of the Minor will serve as the **ONLY** Personal Representative of the Minor for the purposes of this Settlement. **Their claim on behalf of the Child will be the only claim considered for the Child.**

Your Printed Name (REQUIRED)

Your Signature (REQUIRED)

Date (MM-DD-YYYY) (REQUIRED)