

APPEARANCE WAIVER OF SERVICE CONSENT

I, _____ of the Estate of _____ deceased, hereby enter my Appearance in the matter of the within Claim, waive service of process and consent to the allowance of it in the sum of \$ _____ as of the _____ Class.

Date

Signature of Representative or his Attorney

PROOF OF SERVICE

The undersigned has this day delivered or mailed a true copy of this Claim (by Regular Mail) (by Registered Mail, Return Receipt attached) together with a true copy of each written instrument upon which the Claim is predicated to the Legal Representative of the Estate and to his Attorney of record.

(SEAL)

Date

Claimant

Subscribed and sworn to before me

Notary Public

ALLOWANCE OF CLAIM

The Claim allowed by Court in the sum of \$ _____ as of _____ Class.

Date

Judge

See Docket Entry