

**SURROGATE’S COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

In the Matter of the Application of _____

as

WAIVER AND CONSENT

Administrat_____ of the Goods,

Chattels and Credits which were of

_____, deceased,

for leave to compromise a certain cause of action

for wrongful death of the decedent and to render and

have judicially settled an account of the proceedings

as such Administrat_____.

FILE # _____

(as of 9/87)

TO THE SURROGATE’S COURT:

The undersigned, _____ being over the age of 21 years, having been born on _____ and residing at _____ being a person interested as (*state relationship*) _____ of decedent, hereby appears and waives the issuance and service of a citation in the above proceeding and consents to the following relief:

(The adult distributee, or other adult interested party, must specifically consent to each and every item of relief requested by the petitioner) NOTE: If the adult distributee is entitled to share in the proceeds of the settlement, but is voluntarily relinquishing that right, this must be clearly stated as well.

THAT the account of the proceedings of _____, as administrat_____ of the estate of _____, deceased, a copy of which is attached, should be judicially settled, and

THAT the administrat_____ should be empowered to compromise and settle a certain claim for the wrongful death against _____ for the sum of \$ _____ and to discontinue any claim for conscious pain and suffering, and

THAT the provisions of the limited Letters of administration issued to the petitioner on restraining the compromise or collecting upon the aforesaid claim and cause of action should be modified to permit said compromise, and

THAT the filing of a bond should be dispensed with, and

THAT the defendant, _____, or defendant’s insurance company should pay to _____, Esqs., out of the proceeds of the settlement for the claim for wrongful death, the sum of \$ _____. As and for attorneys’ fees together with disbursements in the sum of \$ _____, and

THAT the entire recovery of \$ _____ should be allocated to the cause of action for decedent’s wrongful death, and

THAT the balance of the settlement, to wit the sum of \$ _____, should be distributed to those distributees having sustained a pecuniary loss as follows: _____ % of the balance to _____ widow/widower of decedent; _____ % of the balance to _____,

child of decedent; _____% of the balance to _____, child of decedent, and

THAT the claim of _____ should be rejected, as a non distributee, and

THAT the claim of _____ in the amount of \$ _____ should be rejected, and

THAT upon payments as hereinbefore mentioned, the said administrat_____ should be permitted to execute and deliver general releases and all other necessary papers to the defendant or defendant's insurance company, releasing them from all claims against them arising out of the aforesaid action for wrongful death, together with any other papers necessary to effectuate the said compromise, and

THAT the entire settlement be considered as a settlement for a cause of action for wrongful death and a waiver of my right to receive any distributee share of the settlement.

DATED: _____

STATE OF NEW YORK)
COUNTY OF _____)ss:

On the _____ day of _____, 20____, before me personally came _____ known to me to be the person who is described in the foregoing Waiver and Consent, and acknowledged to me that he/she executed same.

Notary Public
Commission Expires:
(Affix Stamp)