NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	*FOR COURT USE ONLY*
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
MATTER OF: ☐ DECEDENT ☐ CONSERVATEE ☐ TRUST/OTHER		
CONSENT TO SERVE		CASE NUMBER:

I consent to serve as:

- ☐ Personal Representative of the Decedent
- ☐ Conservator of the Person of the Conservatee
- ☐ Conservator of the Estate of the Conservatee
- ☐ Trustee of the Subject Trust
- ☐ Other (specify) _____

Executed at _____ on _____
(City and State) (Date)

_____
(Signature)

_____
(Type or Print Name)

Print **Save** **Clear**