THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Co	urt Name:	
Cas	se Name:	
	se Number: known) Waiver by Sur RSA 5	
1.	Surviving Spouse Name	Telephone
2.	Attorney Name	Telephone
3.	Deceased Name	Date of Death
	Residence (street, city or town)	
4.	Date of marriage of surviving spouse and dec	eased
righ	n the surviving spouse of the above named dec ats, if any, and the provisions of the will of the de eiving my statutory share of the deceased's esta	ceased in my favor, if any, for the purpose of
Date	9	Surviving Spouse Signature
	State of	, County of
This	s instrument was acknowledged before me on _	by
•	Commission Expires x Seal, if any	Signature of Notarial Officer / Title