

**STATE OF WISCONSIN - CIRCUIT COURT - BARRON COUNTY**

*For Official Use*

**In the Matter of the Trust of:**

**WAIVER AND CONSENT**

File No.

I am eighteen (18) years of age or older and fully competent. I enter my appearance, waive notice of the above proceeding, and consent to an immediate hearing and the granting of the Petition for Termination of Trust.

I acknowledge receipt of a copy of the Trustee's Final Account, as well as the Petition for Termination of Trust and Affidavit of Trustee and have no objection to the contents thereof, including any requested fees by the Trustee.

NAME TYPED

SIGNATURE

DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____