

IN THE CHANCERY COURT OF HARRISON COUNTY, MISSISSIPPI

\_\_\_\_\_ JUDICIAL DISTRICT

IN THE MATTER OF

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_

CERTIFICATE OF FIDUCIARY

I, \_\_\_\_\_, fiduciary in this cause, have hereby read, understand and agree to the following:

1. I understand that I, as fiduciary, am required to protect and preserve the funds owned by the Ward/Estate/Decedent, who is the person over whom I have charge.
2. I will not use my funds or make expenditures of the Ward's/Estate's/Decedent's funds without prior Court approval.
3. I understand that the Court can and will find me in contempt if it is proven that I have violated any of this Court's order(s) and that appropriate sanctions will be levied by the Court for any violations.
4. I agree and understand that I must consult with my attorney on any questionable expenditure prior to making said expenditure in order to gain appropriate legal advice and Court approval regarding those transactions.
5. I understand that unless waived by the Court in advance, I will be required to submit formal, annual accountings to the Court reflecting my expenditures of the Ward's/Estate's/Decedent's funds.
6. My current address and phone numbers are as follows, and I understand that in the event this information changes, I must provide that information to the Clerk of this Court in writing.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

7. I have discussed with my attorney the duties and responsibilities required of my office as fiduciary and as set forth in this document, and I hereby agree to be bound by them.

Respectfully submitted,

\_\_\_\_\_  
FIDUCIARY