

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE:

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 not receive any personal benefit and 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 any funds or make expenditures of the Ward's/Estate's/Decedent's funds without prior Court approval except as otherwise provided by law or 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 extraordinary 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 and reports to the Court reflecting the well-being and/or expenditures of the Ward's/Estate's/Decedent's funds as required by law in acting as guardian/conservator.
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

SWORN ACKNOWLEDGMENT

STATE OF MISSISSIPPI
COUNTY OF _____

This day personally appeared before me, the undersigned authority at law in and for the jurisdiction aforesaid, the within named _____, who having been by me first duly sworn, states on oath that the matters and facts set forth in the above Certificate of Fiduciary are true and correct as therein stated.

FIDUCIARY

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____,
20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
