

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department

_____ **Division**

Docket No. _____

Appointment of Agent

I, _____ of _____
(Street and No.)

_____ appoint
(City or Town) (County) (State) (Zip)

_____ of

(Street and No.) (City or Town) (county) (zip)

as my agent and I do stipulate and agree that the service of any legal process against me as administrator/
administratrix--.executor/executrix-trustee-of the estate of _____

late of _____
(Street and No.)

(City or Town) (County) (ZIP)

or as guardian/conservator of _____

of _____
(Street and No.) (City or Town) (county) (zip)

or against me in my individual capacity of any action founded upon or arising out of my acts or omissions as such
fiduciary if made on said agent, shall have like effect as if made on me personally within said Commonwealth.

Date _____ Signature _____

Signed in the presence of _____

WITNESS

Acceptance

I, _____ accept the above appointment.

(Street and No.) (City or Town) (state) (ZIP)

Date _____ Signature _____