ATTORNEY OR PARTY WIT	THOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Option ATTORNEY FOR (Name):	FAX NO. (Optional):	
SUPERIOR COURT O STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	F CALIFORNIA, COUNTY OF MADERA 200 South G Street 200 South G Street Madera, CA 93637 Civil Division	
IN RE:		
CONSENT AND WAIVER OF STATUTORY NOTICE		CASE NUMBER:
l,	, am the	to the conservatee,
in this matte	er. I hereby consent to the Petition for Appointment of F	Probate Conservator filed on , and
waive statutory notice	of the hearing thereon. I feel this is currently in my	best interest to remain
in	care.	
I declare under penalty	y of perjury under the laws of the State of California.	
Dated:		
Dateu	 Declaran	