

RECEIPT, RELEASE, AND INDEMNIFICATION AGREEMENT

ESTATE OF _____, DECEASED

County of:

State of:

Case No:

Date of Death:

Personal Representative (Executor/Administrator):

Beneficiary Name:

Beneficiary Mailing Address:

1. Receipt of Distribution

The undersigned beneficiary hereby acknowledges receipt of the following described property and/or funds distributed from the Estate of the above-named decedent by the Personal Representative, in partial or full satisfaction of the beneficiary's share of the estate:

Description of Asset / Property / Cash Amount	Value / Amount (\$)

2. Release and Discharge

In consideration of the receipt of the aforementioned distribution, the undersigned beneficiary hereby releases, acquits, and forever discharges the Personal Representative, their heirs, executors, administrators, successors, and assigns, from any and all claims, demands, liabilities, actions, causes of action, or accounts whatsoever, arising out of or in connection with the administration of the Estate or the distribution of the assets listed herein.

3. Indemnification

The undersigned beneficiary agrees to indemnify and hold harmless the Personal Representative from any liability, loss, cost, or expense, including reasonable attorney fees, that may arise if any claims, debts, taxes, or other obligations of the Estate are subsequently presented, proved, or demanded, to the extent of the distribution received by the undersigned.

Beneficiary Signature

Date

Witness Signature

Witness Name (Printed)

Notary Acknowledgment

State of **County of**

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

[Place Notary Seal Here]

Notary Public Signature

My Commission Expires