

**Acknowledgement of Fiduciary Relationship and Obligations Personal
Representative, Guardian, or Conservator
MCA §72-3-109**

By signing, accepting, or acting under this appointment, I acknowledge that I will assume the duties and responsibilities of a fiduciary and that I must work exclusively for the benefit of the decedent's estate and its beneficiaries, the ward under any guardianship, or the protected person under any conservatorship. I also acknowledge that the primary duty of a personal representative, guardian, or conservator is the duty of loyalty to and protection of the best interests of the estate, ward, or protected person. Therefore, I acknowledge that:

- I may not use any of the property or other assets of the decedent's estate, ward, or protected person for my own personal benefit;
- I must direct any benefit derived from this appointment to the decedent's estate, ward, or protected person; and
- I must avoid conflicts of interest and must use ordinary skill and prudence in carrying out the duties of this appointment.

I declare under penalty of perjury under the laws of the state of Montana that the foregoing is true and correct.

Signed this _____ day of _____, 20__.

Signature of applicant _____

State of Montana County of _____

This instrument was signed before me on _____

by _____
Print name of signer(s)

Notary Signature

[Montana notaries must complete the following, if not part of stamp.]

Printed Name

Notary Public for the State of Montana

Residing at _____

My Commission expires: _____, 20__

Affix seal/stamp as close to signature as possible.