

Date: [Date]

To: [Executor/Trustee Name]

Address: [Address of Estate/Trust]

Re: Settlement and Release of Claims - Estate/Trust of [Name of Deceased]

Dear [Name of Executor/Trustee],

I, [Beneficiary Name], acknowledge that I am a beneficiary of the [Estate/Trust Name]. I hereby confirm that I have received a full accounting of the assets and expenses related to this matter.

In consideration of the final distribution payment in the amount of \$[Amount], I agree to the following:

1. **Receipt of Funds:** I acknowledge that this payment represents the full and final satisfaction of my share of the distribution.
2. **Release of Liability:** I hereby release and forever discharge [Executor/Trustee Name], both individually and as [Executor/Trustee], from any and all claims, demands, or liabilities arising out of the administration of the [Estate/Trust].
3. **Waiver of Further Accounting:** I waive any right to further formal accounting or judicial settlement regarding this distribution.
4. **Indemnification:** I agree to indemnify the [Executor/Trustee] against any future claims or taxes that may be specifically attributable to my portion of the distribution.

By signing this document, I confirm that I have read its contents, understand my rights, and am signing it voluntarily.

Sincerely,

[Beneficiary Signature]

[Beneficiary Printed Name]

Notary Acknowledgement

State of: _____

County of: _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public