

IN THE CHANCERY COURT OF MADISON COUNTY, MISSISSIPPI

IN RE: \_\_\_\_\_

CAUSE NO.: \_\_\_\_\_

**CERTIFICATE OF ATTORNEY**

I, \_\_\_\_\_, attorney for fiduciary \_\_\_\_\_,  
in this cause, do certify as an officer of this Court and member in good standing with the  
Mississippi State Bar Association, that I have fully and thoroughly explained the duties and  
obligations required of my client(s) as fiduciary in this action.

Respectfully Submitted,

\_\_\_\_\_  
Signature of Attorney:

Printed Name of Attorney:

Bar No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_