

IN THE CHANCERY COURT OF MADISON COUNTY, MISSISSIPPI

IN THE MATTER OF THE:

\_\_\_\_\_ 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.: \_\_\_\_\_