**IN THE CHANCERY COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, MISSISSIPPI**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT**

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 explained the duties and obligations as set forth in the Certificate of Fiduciary required of my client(s) as fiduciary in this action.

Respectfully Submitted,

Signature of Attorney:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Attorney:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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