Address City, St Teleph Email A Lawyer License	s (if not parte, Zip Cone:Address:_ 's Bar Nued Fiduci	orotected): code: imber: ary Number: Self, without a Lawyer			FOR CLERK'S USE ONLY
		SUPER		JRT OF ARIZONA COUNTY	
In the N	Matter of	the Estate of:		Case No: PB	
an	Adult or [a Minor, deceased		STATEMENT OF INFO OF PERSONAL REPR (Person Died Without a W	
				STATEMENT OF INFO	RMAL APPOINTMENT PRESENTATIVE
THE I 1.	_	• •	ntment of a Pe	rsonal Representative has be	
		(Check the box only if the Personal Representa (Check the box only if the dated	here is no Will tive to administ nere is a Will)	ter the estate of the person w The admission to probate of t	as
		(Check the box only if t as the Personal Represe		ine appointment of nister the estate of the persoi	n who died with a Will.
2.		entitled to probate. The Probate Registrar ha	as found compl	liance with A.R.S. 14-3308 a	and is satisfied that the Will is
THER	EFORE		o appointment	as Personal Representative	under Arizona law.
1.	(Name)			, is appointed as P	ersonal Representative of the
2.	estate d	f the person who died. (Check the box only if the is admitted to informal programs)		The Will of the person who d	ied, dated
3.		No bond is required OR [☐ the Persona ith this Court. I		bond in the amount of Personal Representative upon
4.				notify the Court in these proce ts resulting from his or her fa	edings of any change in his or ilure to do so.
	OATED:_			Probate Registrar	

Warning: This appointment is not effective until the letters of appointment have been issued by the Clerk of the Superior Court

Case No.

3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons. 4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted. Name of Person Entitled to Notice: Name of Person I Contacted: Address of Person I Contacted: Name of Person Entitled to Notice: Name of Person I Contacted: Address of Person I Contacted: Name of Person Entitled to Notice: Name of Person I Contacted: Address of Person I Contacted: Name of Person Entitled to Notice: Name of Person I Contacted: Address of Person I Contacted: Name of Person I am Looking for: Name of Person I Contacted: Address of Person I Contacted: 5. ABOUT THE PUBLICATION. ■ NOTICE OF HEARING was published in a newspaper in this County on the following dates. B. _____ , C._____ . □ PROOF OF PUBLICATION IS ATTACHED. (REQUIRED) (Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.) By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Petitioner's Signature

Date Signed