Name:		
Mailing Address:		
<u>Daytime</u> Telephone: Attorney Bar Number (if applicable):		
Certified Fiduciary Number (if applic		
Representing [ ] Self, or [ ] Attorn	ey for	For Clerk's Use Only
SUPERIOR CO	URT OF ARIZONA, YAVAPAI	COUNTY
In the Matter of the Estate of:	400000	
	1300PB	
	PROPOSAL FOR DIS	STRIBUTION
Deceased.	TROFOGAL FOR DR	JINIDOTION
	presentative, in order to close this Estate tate (attach additional sheets of paper if	
	Description of	• •
Name of Proposed Distributee	<u>Description of A</u>	<u>ASSEL</u>
	<u> </u>	
thirty (30) days after mailing or deliv	ed distribution in writing is not received bering this proposal, your right to object wole through the Yavapai County Self-Ser	will terminate. (A form of
DATED this day of	, 20	
	Signature of Personal R	Representative