Name:					
Mailing Address:					
<u>Daytime</u> Telephone Nu Attorney Bar Number (i Certified Fiduciary Num Representing [] Self, (f applicable): ber (if applicable):				
SI	JPERIOR COURT O	F ARIZONA, YAV	APAI COUNTY		
In the Matter of the Esta	ate of:	1300PB	3		
Deceased.			PROOF OF MAILING/DELIVERING PROPOSAL FOR DISTRIBUTION		
The undersigne provided to the person(by of the Proposal for Di the date set forth:	stribution was	
<u>Name</u>	<u>Address</u>		Mailed or Delivered	<u>Date</u>	
DATED this	day of	, 20			
		Signature of Personal Representative			
STATE OF)) ss.				
SUBSCRIBED A	ND SWORN to before	me this day o	of	20	
My Commission Expire	s:	Notary Public	:		