

Name of Person Filing Document:

Mailing Address: _____

Daytime Telephone Number: _____

Representing self, without a lawyer



For Clerk's Use Only

SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Estate of: _____ 1300PB

Deceased.

- APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE (Person Died Without a Will – “Intestate Estate”)
- OR
- APPLICATION FOR INFORMAL PROBATE OF WILL AND FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE (Person Died With a Will – “Testate Estate”)

1. This is an application for: (check only one box)

Informal Appointment of Personal Representative because the person died without a Will (“Intestate Estate”)

OR

Informal Probate of Will and for Informal Appointment of Personal Representative because the person died with a Will (“Testate Estate”).

2. I live in _____ (County) _____ (State), and I am entitled to file this Application under A.R.S. §14-3301 because I am: (check the box that applies)

The surviving spouse of the person who died;

An adult child of the person who died;

A parent of the person who died;

A brother or sister of the person who died;

(Check the box only if there is not a Will) A person entitled to property of the person who died under Arizona law;

(Check the box only if there is a Will) A person who was nominated/named as Personal Representative by a Will;

At least 45 days have passed since the person died, and I am a creditor.

3. The person _____ (name of the person who died) died on _____ (date of death) at the age of _____ years. At the time of death, the person who died lived in the following county and state: _____.
Since the death, 120 hours (5 days) have passed.

4. **(Check the box only if there is a Will)** The **original** of the Will of the person who died, dated _____ is filed with this Application.

5. The person who died left behind the following persons who are the **surviving** spouse, children and devisees and the ages of any who are minors as far as known or ascertainable with reasonable diligence by the applicant. (If you need more space, attach a separate page):

Name	Age	Relationship	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. This is the correct county in which to file the probate because the person who died was a resident of this county **OR** was not a resident in the State of Arizona but owned property in this county at the time of death.

7. To the best of my knowledge, (check only one box)

- no Personal Representative for the estate has been appointed in this state or elsewhere **OR**
 a Personal Representative for the estate has been appointed in this state or elsewhere:
_____ (name of the person)
_____ (name of state)

8. **I have** OR **I have not** received a demand for notice from any interested person, and
 I am OR **I am not** aware of any demand for notice by any interested person or any proceedings concerning the person who died, in this state or elsewhere.

9. **(Check the box only if there is not a Will)** I believe that the person who died had no Will. I exercised reasonable diligence, and I am not aware of any unrevoked Will, amendment to a Will, or a trust signed by the person who died that relates to property in this state.

OR

(Check the box only if there is a Will) I believe that the Will dated _____ was validly executed and is the last Will of the person who died. I exercised reasonable diligence, and I am not aware of any document that revokes the Will, or any amendment to the Will, signed by the person who died.

10. I have priority for appointment as Personal Representative because: (check the boxes that apply)

- (Check the box only if there is a Will)** I am named as Personal Representative in the Will of the person who died;
 (Check the box only if there is a Will) I am the surviving spouse of the person who died and am named in the Will;
 (Check the box only if there is a Will) I am another person named in the Will of the person who died;
 I am the surviving spouse of the person who died;
 I am another person entitled to inherit the property of the person who died because (explain):

11. The names, relationships and addresses of all parties who have a prior or equal right to appointment under A.R.S. §14-3203 are (if you need more space, attach a separate page):

Name	Age	Relationship	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. **BOND INFORMATION:** (Check one box)

A bond is not required of the Personal Representative under A.R.S. §14-3603 because all the legal **heirs have filed** written waivers of bond (including the applicant). I request to be appointed Personal Representative to administer the estate without bond,

OR

A bond is not required because the **Will waives** the bond for the Personal Representative. I request to be appointed Personal Representative to administer the estate without bond,

OR

A bond is required of the Personal Representative under A.R.S. §14-3603 because all the legal **heirs have not filed** written waivers of bond, and my best estimate of the fair market value of all the property owned by the person who died and subject to the probate jurisdiction of the Court is as follows:

Personal Property	\$ _____
Real Property (less encumbrances)	\$ _____
Expected annual income of Estate	\$ _____
TOTAL	\$ _____

I request to be appointed Personal Representative to administer the estate with a bond as might be required.

13. The time for informal appointment has not expired under A.R.S. §14-3108 because (check which box is true):

Two years have not passed since the death of the person; **OR**

Other (Explain) (See a lawyer to help with this, if more than two years have passed):

OATH AND VERIFICATION OF APPLICANT

STATE OF _____)
County of _____) ss.

The Applicant states under oath that the statements in the Application are accurate and complete to the best of his or her knowledge and belief.

_____, 20____.
Date

Signature of Applicant

_____, 20____.
Date

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____,
by _____.

Deputy Clerk/Notary Public

My Commission Expires:
