

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Certified Fiduciary Number (if applicable): \_\_\_\_\_  
Representing [ ] Self, or [ ] Attorney for \_\_\_\_\_



**IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY**

In the Matter of the Estate of: \_\_\_\_\_ 1300PB \_\_\_\_\_

\_\_\_\_\_  
Deceased.

**RECEIPT  
RECEIPT AND RELEASE  
AND WAIVER OF NOTICE**

The undersigned, \_\_\_\_\_, a distributee of the above-entitled Estate, states as follows:

I acknowledge receipt of the following asset(s) which represent(s) the entire share of this Estate to which I am entitled:

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

- [ ] I acknowledge receipt from the Personal Representative of the Estate of a complete written account of the administration of the Estate.
- [ ] I release the Personal Representative of the Estate from further liability or accountability in connection with the administration of the Estate.
- [ ] I waive notice of all further filings and proceedings in this Estate.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**STATE OF** \_\_\_\_\_ )  
**County of** \_\_\_\_\_ ) **ss.**

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_