Name:	
Mailing address:	
City, State, Zip Code:	
<u>Daytime</u> telephone No.:	
Representing [] Self or [] Attorney for	
	T OF THE STATE OF ARIZONA COUNTY OF YAVAPAI
In the Matter of the Estate of:	1300PB
	WAIVER OF FILING ACCOUNT
Deceased.	
I state under oath as follows:	
A. [] Account B. [] Proposed Distribution C D	
·	erson who died and is named in the caption above is
	nt of the Personal Representative to account to the ibution of the estate assets in connection with this
Date:	Signature
STATE OF) County of)	
SUBSCRIBED AND SWORN to before me	e this, 20,
by	
My Commission Expires:	
	Notary Public