| Name: | |
|---|--|
| Mailing Address: | |
| Daytime Telephone: | |
| Attorney Bar Number (if applicable): | |
| Certified Fiduciary Number (if applicable): | |
| Representing [] Self, or [] Attorney for | For Clerk's Use Only |
| IN THE SUPERIOR COURT (| OF ARIZONA IN YAVAPAI COUNTY |
| In the Matter of the Estate of: | 1300PB |
| | APPLICATION FOR CERTIFICATE OF REGISTRAR |
| Deceased. | |
| The undersigned applicant states: | |
| The appointment of the Personal Represe | ntative of this Estate has terminated and, so far as |
| known by Applicant, no action concerning this E | |
| Known by Applicant, no action concerning this L | state is perfuling in any court. |
| Applicant requests a Certificate of Registra | ar pursuant to A.R.S. §14-3937. |
| DATED this day of | , 20 |
| | |
| App | plicant |
| | |
| | |
| STATE OF) | |
| County of) ss. | |
| , 551 | |
| The foregoing Application was subscribed | and sworn to before me on this day |
| • | · · · · · · · · · · · · · · · · · · · |
| Representative of the above-entitled Estate. | , the former Personal |
| representative of the above-ellitted Estate. | |
| | |
| | tary Public |
| My Commission Expires: | |
| | |
| | |