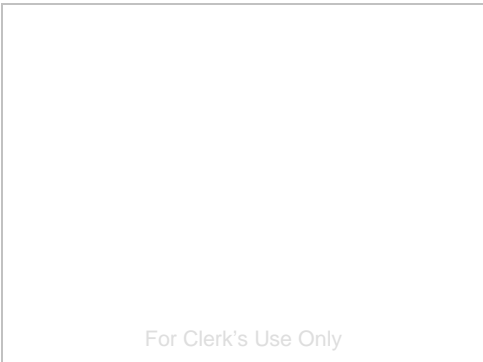


Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self without an attorney



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

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

**PROOF OF AUTHORITY**

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

Pursuant to ARS § 14-4204, the undersigned, \_\_\_\_\_  
hereby alleges as follows:

- 1. The name, address and daytime telephone number of the domiciliary foreign Personal Representative is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Daytime number: \_\_\_\_\_

- 2. That the undersigned is the domiciliary foreign Personal Representative for the above Estate in the State of \_\_\_\_\_. A certified copy of the undersigned's Appointment and/or Letter of Appointment is/are attached hereto and filed herewith.

- 3. That no local Administration or Application or Petition therefor is pending in this State.

- 4. A. That the undersigned files no bond herewith, as the requirement for bond has been: (Check one, only if it applies to you)
  - waived by the Will. A copy of the Will is filed herewith.
  - waived by all of the heirs and devisees. Copy(ies) of waiver(s) is/are filed herewith.
  - waived by Court Order.

B. [ ] That pursuant to ARS §§ 14-4204 and 14-3604, the undersigned files a certified copy of the official bond give in the domiciliary state. (Check only if filing a certified copy of the bond.)

5. That the undersigned domiciliary foreign Personal Representative files this Proof of Authority for the purpose of exercising all powers of a local Personal Representative as to assets in this state.

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

\_\_\_\_\_  
Signature of Personal Representative

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

### OATH AND VERIFICATION

STATE OF \_\_\_\_\_

County of \_\_\_\_\_ ss.

I, \_\_\_\_\_, being duly sworn and under oath, state that I am the domiciliary Personal Representative, that the statements made in this Proof of Authority are accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Personal Representative

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_.

My Commission Expires:

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

\_\_\_\_\_