

Report of Personal Representative of Decedent

This report must be completed and returned to:
Estate Tax Unit, Arizona Department of Revenue, 1600 W Monroe, Room 610, Phoenix AZ 85007-2650
For assistance call: (602) 542-4643 or (800) 352-4090 (nationwide toll free)
You may also visit our web site at: www.revenue.state.az.us

CHECK ONE	
Original <input type="checkbox"/>	Amended <input type="checkbox"/>

Please Print or Type	Estate's federal identification number
Name of decedent (last, first, middle initial)	Decedent's social security number
	Date of death
Residence of decedent (city or town, state, and ZIP code)	Probate number (if any)
	County of Probate Court

Personal representative	Address	City	State	ZIP code
Attorney	Address	City	State	ZIP code

Attach a copy of the death certificate if this is an original report.

Section I

Summary of Estate

Complete Section III first. Enter values below. (See instructions)

	<u>Arizona</u>	<u>Other Than Arizona</u>
A. Real estate	\$ _____	\$ _____
B. Bank deposits	\$ _____	\$ _____
C. Securities	\$ _____	\$ _____
D. Other assets (household furnishings, automobiles, other personal property)	\$ _____	\$ _____
E. Insurance	\$ _____	\$ _____
 Total value of the estate (Add A through E)	 \$ _____	 \$ _____

Is a federal estate tax return (Form 706 or 706NA) being filed? NO YES

Section II

Documents Requested

Indicate the type of waiver(s) you are requesting

Estate tax waiver (Real Estate) Estate tax waiver (Probate)

Section III

Estate Assets

Use a continuation sheet if more space is needed

A. Real Estate - Market value at date of death of all real estate in Arizona. \$ _____.
List legal description(s) of real estate in Arizona. Indicate county and if held as separate or joint tenancy.
This can be found on the deed to the property or on the notice of valuation from the county assessor's office. *Note, be sure to include the lot number and subdivision name.*

B. Bank Deposits - List accounts in financial institutions.

Name of bank or other institution	Type of account	Balance at date of death
		Total Value \$ _____

C. Securities - List all stocks, bonds, and other securities that were owned by the decedent.

Name of company	Number of shares	Value at date of death
		Total Value \$ _____

D. Other Assets - List other assets (household furnishings, motor vehicles, and other personal property).

	Total Value \$ _____
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E. Insurance - Insurance on decedent's life (owned by the decedent).

	Total Value \$ _____
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Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Personal Representative / Surviving Joint Tenant / Attorney

Name (typed or printed) _____ Social security number or federal employer identification number _____

Address _____

City _____ State _____ ZIP code _____

Signature of representative _____ Date _____ Phone number _____