

INFORMAL PROBATE

1

Application for Appointment as Personal Representative (known in other states as “executor”)

Part 1: The Application and Notice
(Forms Packet)

SELF-SERVICE CENTER
INFORMAL PROBATE
APPOINTMENT OF PERSONAL REPRESENTATIVE
AND ADMISSION OF WILL (if applicable)
CHECKLIST

You may use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You are related to a person who died or you have a legal interest in the person's property.
- ✓ The person had a will *or did not* have a will.
- ✓ If the person did have a will, you have the original will, AND
- ✓ The person died more than 120 hours ago, *but less than 2 years ago*.*
- ✓ You want to file court papers to be appointed the Personal Representative of the

***There are certain limited exceptions to the two-year limitation for informal probate listed in Arizona Revised Statutes (A.R.S.) Title 14 § 3108. An attorney may be of assistance in determining whether your situation qualifies for one of the exceptions or in handling the more complex "formal" probate process for which forms and instructions are not available from the court.**

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website at www.superiorcourt.maricopa.gov/SSC

SELF-SERVICE CENTER

INFORMAL PROBATE APPLICATION FOR APPOINTMENT AS PERSONAL REPRESENTATIVE

PART 1: The Application and Notice

This packet contains court forms to file and give notice of an Application for Appointment as Personal Representative, whether there was a Will or not. The documents should appear in the following order:

Order	File Number	Title	# pages
1	PBIP1k	Checklist for using this packet	1
2	PBIP1ft	Index (this page)	1
3	PB10f	<i>“Probate Cover Sheet”</i>	2
4	PBT10f	<i>“Declaration of Completion of Training”</i> * *See Instructions packet. View training material <i>before</i> you file to avoid delays.	1
5	PBIP11f	<i>“Waiver of Right to Appointment and Consent”</i>	1
6	PBIP12f	<i>“Waiver of Bond”</i>	1
7	PBIP13f	<i>“Application for Appointment”</i>	3
8	PBIP14f	<i>“Notice of Application”</i>	1
9	PBIP15f	<i>“Proof of Mailing Notice of Application”</i>	1
10	PB25f	<i>“Declaration Supporting Publication”</i>	2
11	PBIP16f	<i>“Statement of Informal Appointment”</i>	1
12	PBIP17f	<i>“Letters of Appointment and Acceptance of Appointment”</i>	1
13	PBIP18f	<i>“Order to Personal Representative and Acknowledgment and Information to Heirs/Devisees”</i>	5

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

PROBATE INFORMATION COVER SHEET



FOR CLERK'S USE ONLY

Case Number: PB _____

A person needing a guardian or conservator is the "ward". A person who died is the "decedent".

INFORMATION ABOUT THE WARD or THE DECEDENT

NAME: _____	DATE OF BIRTH: _____
MAILING ADDRESS : _____	
STREET ADDRESS (if different): _____	
TELEPHONE (Home): _____	SSN: _____
TELEPHONE (Cellular): _____	EMAIL: _____
<input type="checkbox"/> ADDITIONAL WARDS ARE INVOLVED. Information listed separately.	

INFORMATION ABOUT THE PETITIONER, the person filing these papers.

NAME: _____	
MAILING ADDRESS: _____	
TELEPHONE: _____	EMAIL: _____
INFORMATION ABOUT PETITIONER'S ATTORNEY: <input type="checkbox"/> Petitioner is not represented by an attorney, or	
NAME: _____	BAR # _____
TELEPHONE: _____	EMAIL: _____

An INTERPRETER IS NEEDED for this language: _____ By _____

(List Names of) Persons who need interpreter: Name: _____

Name: _____ Name: _____

STAFF USE ONLY: REASON FEES NOT PAID: Government Charge Deferred

NATURE OF ACTION: Place an "X" next to number which describes the nature of the case. Check only **ONE**.

- | | |
|--|--|
| <p>200 ESTATE</p> <p>____ 201 Formal Appointment of Personal Representative</p> <p>____ 202 Informal Appointment of Personal Representative</p> <p>____ 203 Ancillary Administration</p> <p>____ 204 Affidavit of Succession to Realty</p> <p>____ 205 Trust Administration</p> <p>____ 206 Formal Probate of Will</p> <p>____ 207 Informal Probate of Will</p> <p>____ 208 Proof of Authority</p> <p>____ 210 Other _____</p> <p style="text-align: center;">Specify</p> <p>____ 211 Single Transaction/Limited Conservatorship</p> <p>____ 212 Foreign Domicilliary</p> | <p>220 CONSERVATOR</p> <p>____ 221 Minor</p> <p>____ 222 Adult Incapacitated Person</p> <p>230 GUARDIANSHIP</p> <p>____ 231 Minor</p> <p>____ 232 Adult Protected Person (including Dementia and Alzheimer's)</p> <p>____ 233 Adult Incapacitated Person (Mental Health Powers)*</p> <p>*(Only if needs inpatient behavioral or mental health treatment)</p> <p>240 GUARDIANSHIP-CONSERVATOR COMBINATION</p> <p>____ 241 Minor</p> <p>____ 242 Adult Protected Incapacitated Person (including Dementia and Alzheimer's)</p> <p>____ 243 Adult Protected Incapacitated Person (Mental Health Powers)*</p> <p>*(Only if needs inpatient behavioral or mental health treatment)</p> |
|--|--|

Case No. _____

INFORMATION ABOUT THE FIDUCIARY, the person to serve as guardian, conservator, or personal representative (executor) of the Estate of someone who died.

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____		SSN: _____	
TELEPHONE (Cellular): _____		EMAIL: _____	
TELEPHONE (Work): _____		CERTIFICATION # _____ (for State-Licensed Fiduciaries ONLY)	
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE: _____	HEIGHT: _____	WEIGHT: _____
	EYE COLOR: _____	HAIR COLOR: _____	

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Maricopa County, **DO NOT SUBMIT THIS FORM.**

Your Name: _____
Your Address: _____
Your City, Zip Code: _____
Your Telephone No. _____
Represents Self OR Attorney for: _____
State Bar Number (if applicable): _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Estate of _____

Case Number PB: _____

DECLARATION OF COMPLETION OF TRAINING for NON-LICENSED FIDUCIARIES

A Deceased or Protected Person

Rule 27.1 of the Arizona Rules of Probate Procedure requires that a person to be appointed guardian, conservator, or personal representative of an estate, who is neither a state-licensed fiduciary nor a corporation, complete a training program approved by the Supreme Court of this state before permanent **Letters of Appointment** are issued.

UNDER PENALTY OF PERJURY

I state to the Court that in accord with Rule 27.1 of the Arizona Rules of Probate Procedure, I have completed the required training for non-licensed, non-corporate fiduciaries, as indicated below: (Check all that apply and provide applicable information.)

- | | |
|--|-----------------------|
| <input type="checkbox"/> Unlicensed Fiduciary | Date completed: _____ |
| <input type="checkbox"/> Conservatorship | Date completed: _____ |
| <input type="checkbox"/> Personal Representative | Date completed: _____ |
| <input type="checkbox"/> Guardianship | Date completed: _____ |

Date: _____

Signature

Printed Name

INSTRUCTIONS: Fill out this Declaration completely and provide accurate information. Make at least one copy. You will need to file the original with the Clerk of Court and provide a copy to the Probate Registrar before receiving any *permanent* letters of appointment.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (Without a lawyer) or Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the Estate of

Case Number: _____

_____ an Adult a Minor, deceased

**WAIVER OF RIGHT TO APPOINTMENT
AS PERSONAL REPRESENTATIVE AND
CONSENT TO APPOINTMENT OF
PERSONAL REPRESENTATIVE**

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

- I am: (check one box)
 (Check only if there is NO Will) an heir of the decedent's estate without a Will or
 (Check only if there IS a Will) a person named in the decedent's Will.
- I have priority for appointment as Personal Representative of this estate under A.R.S. 14-3203 because:
(check which box applies)
 (Check only if there IS a Will) I am named as Personal Representative in the Will of the person who died;
 (Check only if there IS a Will) I am the surviving spouse of the person who died and I am named in the Will;
 (Check only if there IS a Will) I am another person named in the Will of the person who died;
 I am the surviving spouse of the person who died;
 I am another person entitled to inherit the property of the person who died because (explain)
- I waive and want to give up any right I have to appointment as the Personal Representative of this estate.
- I consent to the appointment of (name) _____ as
Personal Representative of the estate.

Signature

**STATE OF ARIZONA)
MARICOPA COUNTY)ss.**

Subscribed and sworn to before me this date: _____ by _____.

My Commission Expires:

Deputy Clerk/Notary

Name of Person Filing Document Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (without a lawyer) or Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of the Estate of

Case No: _____

WAIVER OF BOND

an Adult a Minor, deceased

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

- I am: (check one box)
 (only if there is no Will) an heir of the decedent's estate without a Will or
 (only if there is a Will) person named in the decedent's Will.
- The person who is applying to be the Personal Representative of the estate
(name) _____
has estimated that the total value of the estate of the person who died is \$ _____.
- I waive any and all bond in connection with his or her appointment as Personal Representative. I ask that the court not require any bond in this proceeding.

Signature

Subscribed and sworn to or affirmed before me this date: _____ by _____.

Deputy Clerk/Notary Public

My Commission Expires:

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (without a lawyer) or
Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Estate of _____

Case No: PB _____

an Adult or a Minor, deceased

- APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE**
(Person Died Without a Will - "Intestate Estate")
OR
 APPLICATION FOR INFORMAL PROBATE OF WILL and FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE
(Person Died With a Will - "Testate Estate")

1. This is an application for: (check one box)

Informal Appointment of Personal Representative because the person died without a Will ("Intestate Estate") OR

Informal Probate of Will and for Informal Appointment of Personal Representative because the person died with a Will ("Testate Estate").
2. I live in _____ (County) _____ (State), and I am entitled to file this Application under A.R.S. 14-3301 because I am: (check the box that applies)

The surviving spouse of the person who died;

An adult child of the person who died;

A parent of the person who died;

A brother or sister of the person who died;

(Check the box only if there is not a Will) A person entitled to property of the person who died under Arizona law;

(Check the box only if there is a Will) A person who was nominated/named as Personal Representative by a Will;

At least 45 days have passed since the person died, and I am a creditor.
3. The name of the person who died is: _____.

This person died on _____, (date of death) at the age of _____ years.

At the time of death, the person who died lived in the following county and state: _____ and 120 hours or more have passed since the time of death.
4. There is a Will and the original of the Will of the person who died, dated _____, is filed with this Application.

5. The person who died left behind the following persons who are the surviving spouse, children and others entitled to take property under Arizona law: (if you need more space, attach a separate page):

Name	Age	Relationship	Address

6. This is the correct county in which to file the probate because the person who died was a resident of this county or owned property in this county at the time of death.

7. To the best of my knowledge, (check one box)

- no personal representative for the estate has been appointed in this state or elsewhere OR
- a personal representative for the estate has been appointed in this state or elsewhere:
_____ (name of the person)
_____ (name of state)

8. I have OR I have not received a demand for notice from any interested person, and I am OR I am not aware of any demand for notice by any interested person or any proceedings concerning the person who died, in this state or elsewhere.

9. I believe that the person who died had no Will. (Check the box only if there is not a Will.) I exercised reasonable diligence, and I am not aware of any unrevoked Will, amendment to a Will, or a trust signed by the person who died that relates to property in this state.

OR

I believe that the Will dated _____ was validly executed and is the last Will of the person who died. I exercised reasonable diligence, and I am not aware of any document that revokes the Will, or any amendment to the Will signed by the person who died.

10. I have priority for appointment as Personal Representative because there is a will and: (Check boxes that apply – *if* there is a will)

- I am named as personal representative in the Will of the person who died;
- I am the surviving spouse of the person who died and am named in the Will;
- I am another person named in the Will of the person who died;
- I am the surviving spouse of the person who died;
- I am another person entitled to inherit the property of the person who died because (explain):

11. The names, relationships and addresses of all parties who have a prior or equal right to appointment under A.R.S. 14-3203 are (if you need more space, attach a separate page) :

Name	Relationship	Address

12. **BOND INFORMATION:** (Check one box)

- A bond is not required** of the Personal Representative under A.R.S. 14-3603 because all the legal heirs have filed written waivers of bond. **I request to be appointed Personal Representative to administer the estate without bond, OR**
- A bond is not required because the Will waives the bond** for the Personal Representative. **I request to be appointed Personal Representative to administer the estate without bond, OR**
- A bond is required of the Personal Representative under A.R.S. 14-3603 because all the legal heirs have not filed written waivers of bond** and my best estimate of the fair market value of all the property owned by the person who died and subject to the probate jurisdiction of the Court is as follows:

Personal Property	\$ _____
Real Property (less encumbrances)	\$ _____
Expected annual income of Estate	\$ _____
TOTAL	\$ _____

I request to be appointed Personal Representative to administer the estate with a bond as might be required.

13. **The time for informal appointment has not expired under A.R.S. 14-3108 because:**
(check which box is true)

- Two years have not passed since the death of the person; OR**
- Other (Explain)** (See a lawyer to help with this, if more than 2 years have passed):

OATH or AFFIRMATION AND VERIFICATION OF APPLICANT

The Applicant states under oath or affirms that the statements in the Application are accurate and complete to the best of his or her knowledge and belief.

Signature of Applicant

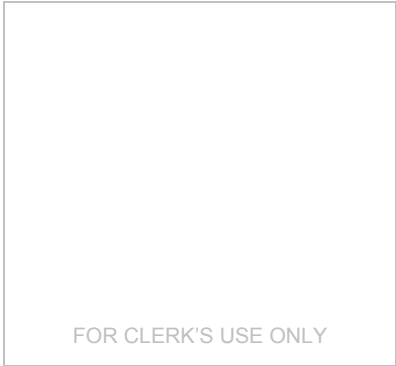
SUBSCRIBED AND SWORN TO or AFFIRMED before me this _____ day of _____,

by

My Commission Expires:

Deputy Clerk/Notary Public

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (without a lawyer) or Attorney for _____



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of the Estate of _____

Case No.: PB _____

**NOTICE OF APPLICATION
IN INFORMAL PROCEEDING**

an Adult OR a Minor, deceased

NOTICE IS GIVEN that _____ (Name of Personal Representative) has filed an informal proceeding relating to this Estate as follows (check one box):

- (Check the box only if there is no Will)** An Application for Appointment of Personal Representative Without a Will, OR
- (Check the box only if there is a Will)** An Application for Informal Probate of a Will **and** for Appointment of Personal Representative.

The Probate Registrar will consider the Application on _____ (date and time Personal Representative will go to court to file the Application) at the office of the Probate Registrar, Superior Court of Arizona in Maricopa County, at (check one box)

DOWNTOWN PHOENIX: Probate Court Administration
Old Courthouse, 1st Floor
125 West Washington
Phoenix, AZ 85003-2205

NORTHEAST PHOENIX: Probate Court Administration
18380 N. 40th St.
Phoenix, AZ 85032

SURPRISE: Probate Court Administration
Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374

MESA: Probate Court Administration
222 East Javelina Avenue
1st Floor, Suite 1350
Mesa, AZ 85210-6201

DATED: _____

Signature

Print Name

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self or Attorney for _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
 MARICOPA COUNTY**

In the Matter of the Estate of _____

Case Number: _____

**PROOF OF DELIVERY OR MAILING NOTICE
 OF APPLICATION IN INFORMAL PROCEEDING**

an Adult OR a Minor, deceased

1. I delivered or mailed by first class mail, postage prepaid a copy of the Notice of Application in Informal Proceeding on _____ (date) according to the requirements of law as follows:
 - A. To any person who filed a written demand for notice with the court as required by A.R.S. 14-3306.
 - B. To any person who has a prior or equal right to appointment, unless he or she waived notice in writing and it is filed with this court.

2. I delivered or mailed the Notice of Application in Informal Proceedings to the following people on the following dates:

NAME	ADDRESS	DATE MAILED OR DELIVERED

Signature _____ Print Name _____

SUBSCRIBED AND SWORN TO OR AFFIRMED before me this _____ day of _____,

by

My Commission Expires: _____
 Deputy Clerk/Notary Public

Your Name: _____
Your Address: _____
Your City, Zip _____
Your Telephone _____
Represents [] Self, OR [] Attorney _____
State Bar No. (If applicable): _____
Licensed Fiduciary No. (If applicable): _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

Case Number: PB _____

DECLARATION SUPPORTING PUBLICATION

An Adult A Minor Deceased

UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____
 - Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- 3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.
- 4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted.

<p>Name of Person Entitled to Notice:</p> <p>Name of Person I Contacted:</p> <p>Address of Person I Contacted:</p>	
<p>Name of Person Entitled to Notice:</p> <p>Name of Person I Contacted:</p> <p>Address of Person I Contacted:</p>	
<p>Name of Person Entitled to Notice:</p> <p>Name of Person I Contacted:</p> <p>Address of Person I Contacted:</p>	
<p>Name of Person Entitled to Notice:</p> <p>Name of Person I Contacted:</p> <p>Address of Person I Contacted:</p>	
<p>Name of Person I am Looking for:</p> <p>Name of Person I Contacted:</p> <p>Address of Person I Contacted:</p>	

5. ABOUT THE PUBLICATION.

NOTICE OF HEARING was published in a newspaper in this County on the following dates.

A. ____ / ____ / ____, B. ____ / ____ / ____, C. ____ / ____ / ____.

PROOF OF PUBLICATION IS ATTACHED. (REQUIRED)
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date Signed

Petitioner's Signature

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (without a lawyer) or Attorney for _____



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of the Estate of _____

Case No: PB _____

an Adult or a Minor, deceased

- STATEMENT OF INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE (Person Died Without a Will - "Intestate Estate")**
OR
- STATEMENT OF INFORMAL PROBATE OF A WILL AND INFORMAL APPOINTMENT OF A PERSONAL REPRESENTATIVE (Person died With a Will – "Testate Estate")**

THE PROBATE REGISTRAR FINDS:

1. An Application for Informal Appointment of a Personal Representative has been submitted by _____, requesting the following:
 - (Check the box only if there is no Will)** The appointment of _____ as the Personal Representative to administer the estate of the person who died without a Will,
 - (Check the box only if there is a Will)** The admission to probate of the Will of the person who died dated _____,
 - (Check the box only if there is a Will)** The appointment of _____ as the Personal Representative to administer the estate of the person who died with a Will.
2. The Probate Registrar has found compliance with A.R.S. 14-3303 and is satisfied that the Will is entitled to probate.
 The Probate Registrar has found compliance with A.R.S. 14-3308 and is satisfied that the person named below is entitled to appointment as Personal Representative under Arizona law.

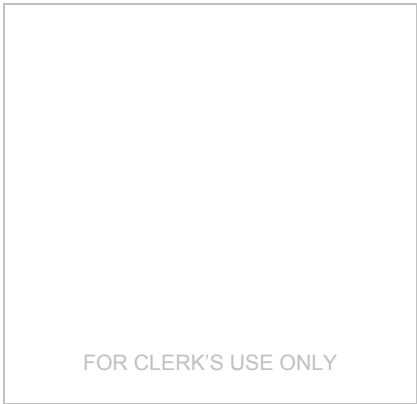
THEREFORE:

1. (Name) _____, is appointed as Personal Representative of the estate of the person who died.
2. **(Check the box only if there is a Will)** The Will of the person who died, dated _____ is admitted to informal probate.
3. No bond is required OR the Personal Representative shall post a bond in the amount of \$_____ with this Court. Letters will be issued to the Personal Representative upon accepting and posting a bond (if required).
4. The Personal Representative shall immediately notify the Court in these proceedings of any change in his or her address and shall be responsible for the costs resulting from his or her failure to do so.

DATED: _____

Probate Registrar

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (Without a lawyer) or Attorney for _____



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of the Estate of

Case No.: PB _____

_____ an Adult OR a Minor, deceased

**LETTERS OF APPOINTMENT OF
PERSONAL REPRESENTATIVE AND
ACCEPTANCE OF APPOINTMENT AS
PERSONAL REPRESENTATIVE**

LETTERS OF PERSONAL REPRESENTATIVE

_____ (name) is appointed as Personal Representative of this Estate
without restriction except as follows:

WITNESS: _____ (date)

Michael Jeanes
Clerk of the Superior Court

By _____
Deputy Clerk

ACCEPTANCE OF APPOINTMENT

I accept the duties of Personal Representative of the Estate of the above-named person who has died and do
solemnly swear or affirm that I will perform the duties as Personal Representative according to law.

DATED: _____

Signature of Personal Representative

Subscribed and sworn to or affirmed before me this ____ day of _____, _____, by _____

My Commission Expires:

Deputy Clerk/Notary Public

Your Name: _____
 Your Address: _____
 Your City, Zip _____
 Your Telephone No. _____
 Represents [] Self, OR [] Attorney _____
 State Bar No. (If applicable): _____
 Licensed Fiduciary No. (If applicable): _____



**SUPERIOR COURT OF ARIZONA
 IN MARICOPA COUNTY**

In the Matter of the Estate of _____

Case Number: PB _____

_____ A deceased Adult OR Minor

**ORDER TO PERSONAL
 REPRESENTATIVE AND
 ACKNOWLEDGMENT AND
 INFORMATION TO HEIRS/DEWISEES**

The best interest of this estate is of great concern to this Court. As Personal Representative, you are subject to the power of the Court. Therefore, to help avoid problems and to assist you in your duties, this Order is entered. You are required to be guided by this Order and to obey it.

This Court will not review or supervise your actions as Personal Representative unless an interested party files a written request to the Court. In Arizona, if you are a beneficiary of an estate, you are expected to protect your own interests in the estate. The Personal Representative is required to provide sufficient information to the beneficiary to permit the beneficiary to protect his or her interests. The Court may hold a Personal Representative personally liable and responsible for any damage or loss to the estate resulting from a violation of the Personal Representative's duties. The following is an outline of some of your duties as Personal Representative:

DUTIES OF THE PERSONAL REPRESENTATIVE: The duties of the Personal Representative are found in Chapter 3, Title 14 of the Arizona Revised Statutes (from now on called "A.R.S."). You are responsible for knowing and doing your duties according to these statutes. Some of the duties are as follows:

- 1. GATHER, CONTROL AND MANAGE ESTATE ASSETS.** As Personal Representative you have the duty to gather and control all assets that belonged to the decedent (the person who has died) at the time of his or her death. After the valid debts and expenses are paid, you have the duty to distribute any remaining assets according to the decedent's Will or, if there is no Will, to the intestate heirs of the decedent. As Personal Representative, you have the authority to manage the estate assets, but you must manage the estate assets for the benefit of those interested in the estate.
- 2. FIDUCIARY DUTIES.** As Personal Representative you are a fiduciary. This means you have a legal duty of fairness and impartiality to the beneficiaries and the creditors of the estate. You must be cautious and prudent in dealing with estate assets. As Personal Representative, the estate assets do not belong to you and must never be used for your benefit or mixed with your assets or anyone else's assets. Arizona law prohibits a Personal Representative from participating in transactions that are a conflict of interest between you, as Personal Representative, and you as an individual. Other than receiving reasonable compensation for your services as Personal Representative, you may not profit from dealing with estate assets.

- 3. PROVIDE NOTICE OF APPOINTMENT.** Within **30 (thirty)** days after your Letters of Appointment as Personal Representative are issued, you must mail notice of your appointment to the Arizona Department of Revenue and to the heirs and devisees whose addresses are reasonably available to you. If your appointment is made in a formal proceeding, you need not give notice to those persons previously noticed of a formal appointment proceeding. See A.R.S. §14-3705.
- 4. PROVIDE NOTICE OF ADMISSION OF WILL TO PROBATE.** Within 30 days of the admission of the Will to informal probate, you must give written notice to all heirs and devisees of the admission of the Will to probate, together with a copy of the Will. You must notify the heirs that they have 4 (four) months to contest the probate. See A.R.S. §14-3306.
- 5. MAIL COPIES of this ORDER TO PERSONAL REPRESENTATIVE.** WITHIN 30 DAYS AFTER YOUR LETTERS OF PERSONAL REPRESENTATIVE ARE ISSUED, YOU MUST MAIL A COPY OF THIS *ORDER TO PERSONAL REPRESENTATIVE AND ACKNOWLEDGMENT AND INFORMATION TO HEIRS/DEVISEES*, to all the heirs or devisees of the estate and to any other persons who have filed a demand for notice. See A.R.S. §14-3705.
- 6. FILE PROOF OF COMPLIANCE.** Within **45 days** after your Letters of Appointment as Personal Representative are issued, you must file with the Court a notarized statement swearing that a copy of this Order was mailed to each devisee, to each heir in intestate (no will) estates and to any other persons who have filed a demand for notice.
- 7. PUBLISH NOTICE.** Unless a predecessor personal representative already has fulfilled this duty or you were appointed more than two years after the decedent's date of death, you must publish a notice once a week for three (3) consecutive weeks in _____ County in a newspaper of general circulation that announces your appointment as Personal Representative and tells creditors of the estate that, unless they present their claims against the estate within the prescribed time limit, the claims will not be paid. In addition, you must mail a similar notice to all persons you know are creditors of the estate. See A.R.S. § 14-3801.
- 8. PROTECT ASSETS.** You must immediately find, identify, and take possession of all the estate assets and make proper arrangements to protect them. See A.R.S. §14-3709. All property must be re-titled to show ownership in the name of the estate --such as "Estate of (decedent's name), by (your name) as Personal Representative." **Do not** put the estate assets into your name, anyone else's name, joint accounts, trust accounts ("in trust for"), or payable on death ("POD") accounts. **Do not** list yourself or any other person as joint owner or beneficiary on any bank accounts or other assets belonging to the estate. Do not mix any estate assets with your own assets or anyone else's assets.

If your authority as Personal Representative has been limited by the Court, you must promptly protect the estate assets as ordered, and file a Proof of Restricted Assets with the Court. You may not sell, encumber, distribute, withdraw or otherwise transfer restricted assets without first obtaining permission from the Court.
- 9. DETERMINE STATUTORY ALLOWANCES.** It is your responsibility to determine whether any individuals are entitled to statutory allowances under A.R.S. §14-2402, 2403, and 2404. Statutory allowances include a homestead allowance, exempt property allowance, and a family allowance.

- 10. INVENTORY ASSETS.** Unless a predecessor personal representative already has fulfilled this duty, within 90 days after your Letters of Appointment as Personal Representative are issued, you must prepare an inventory or list of the decedent's probate assets and their values as of the date of death. See A.R.S. § 14-3706. The inventory must be either (1) filed with the Court and mailed to all interested persons who request it, or (2) not filed with the Court, but mailed or delivered to: (a) each of the heirs if the decedent died intestate or to each of the devisees if the decedent's will was admitted to probate; and (b) to any other interested person who requests a copy of the inventory.
- 11. STANDARD OF CARE.** In administering estate assets, you must observe the standards of care applicable to a trustee, including the prudent investor rules. See A.R.S. §§14-10801 et. seq. and 14-10901 et seq.
- 12. KEEP DETAILED RECORDS.** You must keep detailed records of all receipts and expenses of the estate. You are required to provide an account of your administration of the estate to all persons affected by the administration. See A.R.S. §14-3933.
- 13. PAY VALID DEBTS AND EXPENSES.** You must determine which claims and expenses of the estate are valid and should be paid. You must provide to any creditor whose claims are not allowed prompt written notification that they will not be paid or will not be paid in full. See A.R.S. §14-3806. To the extent there are enough assets in the estate, you are responsible for the payment of any estate debts and/or expenses you know about or can find out about. If there are not enough estate assets to pay all debts and expenses, you must determine which debts and expenses should be paid according to the law. See A.R.S. §14-3805. You may be personally liable if you pay a debt or expense that should not be paid.
- 14. PAY TAXES.** It is your responsibility to determine that all taxes are paid and that all tax returns for the decedent and the estate are prepared and filed.
- 15. DISTRIBUTE REMAINING ASSETS.** After payment of all debts and expenses of the estate, you must distribute estate assets as directed in the Will or, if there is not a Will, to the intestate heirs. If there are not enough assets in the estate to make the gifts as set forth in the Will, it is your responsibility to determine how the distributions should be made as required by law. See A.R.S. §§14-3902 and 14-3907. You may be personally liable if you make an improper distribution of estate assets.
- 16. CHANGE OF ADDRESS.** Until the probate is closed and you are discharged as Personal Representative, you must notify the Court in writing if you change your home or mailing address.
- 17. PAYMENT AS PERSONAL REPRESENTATIVE.** As Personal Representative, you are entitled to reasonable compensation. See A.R.S. §14-3719 and Maricopa County Local Rule 5.7. Arizona statutes do not designate percentage fees for your work or say how much a Personal Representative should be paid. You must keep receipts to prove out-of-pocket expenses. In determining whether a fee is reasonable, the Court will consider the following factors:

 - a. The time required (as supported by detailed time records), the novelty and difficulty of the issues involved, and the skill required to do the service properly;
 - b. The likelihood that your acceptance as Personal Representative will preclude other employment;
 - c. The fee normally charged in the area for similar services; (continues on next page)

- d. The nature and value of estate assets, the income earned by the estate, and the responsibilities and potential liability assumed by you as Personal Representative;
- e. The results obtained for the estate;
- f. The time limitations imposed by the circumstances;
- g. The experience, reputation, diligence and ability of the person performing the services;
- h. The reasonableness of the time spent and service performed under the circumstances; and,
- i. Any other relevant factors.

18. COURT INVOLVEMENT. Usually, to reduce estate expenses, estates are administered and estate claims and expenses are paid, including the fees to the attorney and Personal Representative, with little Court involvement. The Court does not supervise informal probates or the conduct of a Personal Representative. However, if any interested party believes that the estate has not been properly handled or that the fees charged by the attorney or Personal Representative are not reasonable under the circumstances, that party may request that the Court review the account for the Personal Representative's administration of the estate. Any additional Court involvement may result in additional delay and expenses. If appropriate, the Court may assess the additional expense against the estate or the non-prevailing party.

19. CLOSE THE ESTATE. After you have administered the estate and all the assets of the estate have been distributed, the estate must be closed, either formally or informally. In an informal closing, a copy of the Closing Statement is filed with the Court and must be sent to all persons receiving a distribution from the estate. See A.R.S. §14-3933. For a formal closing, see A.R.S. §§14-3931 and 14-3932. ***Usually, the estate should be completely administered and closed within two (2) years of the initial appointment of the Personal Representative.***

This is only a general outline of some of your duties as Personal Representative. This Order does not describe all of your duties and is not a substitute for obtaining professional legal advice. This is a general outline of your duties only. If you have any questions as Personal Representative, before taking any action you should contact an attorney who handles probate estates to find out what to do.

WARNING. Failure to obey a Court Order and the statutory provisions relating to this estate may result in your removal as Personal Representative and other penalties. In some circumstances, you may be held in contempt of court, punished by confinement in jail, fine or both. In addition, if you violate any of your fiduciary duties, you could be held personally liable for any losses for which you are responsible.

DATED: this ___ day of _____, 20__.

Judge / Special Commissioner
Superior Court of Arizona in Maricopa County

Case No. _____

In the matter of the estate of _____ :
Name of the deceased

**ACKNOWLEDGMENT OF ORDER TO PERSONAL REPRESENTATIVE
AND INFORMATION TO HEIRS/DEVISEES**

I, the undersigned, acknowledge receiving a copy of this order and agree to be bound by its provisions, whether or not read before signing, as long as I am Personal Representative.

Date Signed

Signature of Personal Representative

Printed Name

Date Signed

Signature of Personal Representative

Printed Name