

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## AFFIDAVIT FOR COLLECTION OF ALL PERSONAL PROPERTY

STATE OF ARIZONA    )  
COUNTY                )

By signing this affidavit, I swear or affirm under penalty of perjury that its contents are true and correct.

**1. INFORMATION ABOUT THE DECEASED (THE PERSON WHO DIED):**

Name of person who died: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

**2. 30-DAY REQUIREMENT:** More than thirty (30) days have gone by since the person died.

**3. RELATIONSHIP:** My relationship to the person who died is: (explain) \_\_\_\_\_

\_\_\_\_\_

**4. VALUE OF PERSONAL PROPERTY.** The value of all the personal property in the deceased person's estate, wherever located, minus the amount of liens and encumbrances on the property, is not greater than \$75,000.00.

**5. PERSONAL REPRESENTATIVE.** To the best of my knowledge, no one has filed an Application or Petition for Appointment of a Personal Representative and no Application or Petition has been granted in any state OR if an application has been granted the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the amount does not exceed \$75,000.00.

**6. ENTITLEMENT.** I am the claiming successor to the personal property and I am entitled to payment or delivery of the property because I am. (Check all boxes that apply.)

- I am named in the Will of the person who died, a copy of which is attached to this Affidavit.
- The deceased had no Will, but I am entitled to the property under law because (check ONE)
  - I am the spouse of the person who died;
  - I am a child of the person who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not my parent and the deceased had separate or community property;
  - I am the parent of the person who died, and there is no surviving spouse or child;
  - I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.
  - The person died without a will and I am the sole heir.
- The person died without a will and the people with equal or greater right than I have to the property have all assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit.
- The person died and left a valid Will and the people with equal or greater right than I have to the property have all assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit.

**7. DESCRIPTION OF PROPERTY.** The person who died owned the following personal property. (List all property. Attach extra pages if necessary.)

Description	Value	Location, or Who Has Property Now
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL VALUE:** \$ \_\_\_\_\_

**8. MONEY OWED:** The person who died was entitled to collect on the following debts from persons located in Arizona. (List all. Attach extra pages if necessary.)

Description	Amount owed	Name of Who Owes the Debt
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL AMOUNT OWED:** \$ \_\_\_\_\_

**9.** This affidavit is made under Arizona Law, Sec. 14-3971(B), Arizona Revised Statutes, for the purpose of making claim to personal property of the person who died.

**OATH OR AFFIRMATION:** The contents of this document are true and correct under penalty of perjury.

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date

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

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

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

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

# SUPERIOR COURT OF ARIZONA

FOR CLERK'S USE ONLY

## PROBATE COVER SHEET

Case Number: \_\_\_\_\_

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

Name(s) of the Ward(s), Decedent(s), Trust(s), or Individual(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The person who is filing this case is the "petitioner."

Name(s), Address(es), Telephone Number(s), and Email Address(es) of the Petitioner(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Information About Petitioner's Attorney:

Petitioner is not represented by an attorney, or

Name: \_\_\_\_\_

BAR #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

An Interpreter is needed for this language: \_\_\_\_\_  
(List Name(s) of) Person(s) who need interpreter:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

STAFF USE ONLY: REASON FEES NOT PAID: <input type="checkbox"/> Government Charge <input type="checkbox"/> Deferred <input type="checkbox"/> Waived
--

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

**200 ESTATE**

- 201 Formal Appointment of Personal Representative
- 202 Informal Appointment of Personal Representative
- 203 Ancillary Administration
- 204 Affidavit of Succession to Realty
  
- 205 Trust Administration
  
- 206 Formal Probate of Will
- 207 Informal Probate of Will
- 208 Proof of Authority
- 210 Other \_\_\_\_\_  
Specify
- 211 Single Transaction/Limited Conservatorship
- 212 Foreign Domiciliary

**220 CONSERVATOR**

- 221 Minor
- 222 Adult Incapacitated Person

**230 GUARDIANSHIP**

- 231 Minor
- 232 Adult (including those with Dementia, Alzheimer's)
- 233 Adult Requiring Inpatient Psychiatric Treatment

**240 GUARDIANSHIP-CONSERVATOR COMBINATION**

- 241 Minor
- 242 Adult (including those with Dementia, Alzheimer's)
- 243 Adult Requiring Inpatient Psychiatric Treatment

**250 PUBLIC HEALTH**

- 251 Petition for Court Ordered Isolation or Quarantine
- 252 Application for Order to Show Cause Re: Release from Isolation or Quarantine
- 253 Petition for Court Hearing Re: Conditions or Treatment During Isolation or Quarantine
- 254 Application for Order for Disclosure of Communicable Disease Information
- 255 Miscellaneous

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner or Petitioner's Attorney

Notice: Submit this form with new cases only. If there is already a Probate Court case number and you are filing in an existing Superior Court case, do not submit this form.

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA

In the Matter of the Estate of:

Case Number: \_\_\_\_\_

### AFFIDAVIT for TRANSFER of TITLE to REAL PROPERTY

an Adult  a Minor, deceased

STATE OF ARIZONA                    )  
COUNTY OF                            ) ss.

By signing this affidavit, I  we  swear or affirm under penalty of perjury that its contents are true and correct.

#### 1. INFORMATION ABOUT PERSON WHO DIED (the deceased).

The deceased, \_\_\_\_\_, died on \_\_\_\_\_  
(name) (date)

#### 2. PLACE OF DEATH.

At the time of death, the person who died was living in \_\_\_\_\_ County in Arizona, OR  
 At the time of death, the person who died was not living in \_\_\_\_\_ County, but was living at:  
\_\_\_\_\_  
(city and state) and owned real property located in \_\_\_\_\_ County in Arizona.

#### 3. RELATIONSHIP. This is my our relationship to the person who died: (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **DESCRIPTION OF REAL PROPERTY.** The legal description as written on the deed of title of the real property is: \_\_\_\_\_

\_\_\_\_\_

5. **INTEREST OF PERSON WHO DIED IN PROPERTY.** The interest of the person who died in the real property is (list how the decedent held title to the property or other interest in the property).

\_\_\_\_\_

\_\_\_\_\_

6. **VALUE OF ESTATE.** The assessed value in the estate of the person who died of all real property located in this state, including any debt secured by a lien on real property, less liens and encumbrances against the real property as of the date of the death, does not exceed \$100,000.00.

7. **SIX MONTH REQUIREMENT.** Six months have elapsed since the death, as shown in a certified copy of the death certificate attached to this affidavit.

8. **PERSONAL REPRESENTATIVE.** An application or petition for appointment of a personal representative is not pending or has not been granted in any jurisdiction OR an application has been granted but the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the \$100,000 limit on the value of the property has not been exceeded.

9. **FUNERAL EXPENSES.** Funeral expenses, expenses of last illness, and all unsecured debts of the person who died have been paid.

10. **REASON WHY**  **I AM**  **WE ARE ENTITLED TO THE PROPERTY.** The persons signing this affidavit are entitled to the real property because (check the boxes that apply):

**I am the spouse of the deceased** and I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000) and family allowance (\$12,000). (A.R.S. §§ 14-2401 through 14-2405)

**There is no surviving spouse and I am the dependent or minor child** of the person who died. I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03). All other dependent children of my deceased parent with equal or greater right than I have to the property, have all assigned their entire interests in the estate to me, which is proven by the copy of the document they signed to this effect that I am attaching to this affidavit or they have signed this affidavit indicating their interest in the property.

**There is no surviving spouse and we are the dependents or minor children** of the person who died. We are claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03).

**I am**  **We are** **named in the will dated** \_\_\_\_\_ of the person who died, the original of which is attached to this affidavit, or a certified copy of the Will which has been probated as follows (name of court and case number) \_\_\_\_\_.

- The person who died had no will, and I am** entitled to the property by law because (check one box)
  - I am the spouse of the person who died;
  - I am a child of the person, who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not my parent and the deceased had separate or community property;
  - I am the parent of the person who died, and there is no surviving child, spouse or parent;
  - I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.
  
- The person who died had no will, and we are** entitled to the property by law because (check one box)
  - We are children of the person who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not our parent and the deceased had separate or community property;
  - We are a brother(s) and/or sister(s) of the person who died, and there is no surviving spouse, child, or parent.
  
- The person died without a will and**  I am  We are the sole heir(s).
  
- The person died without a will and the people with equal or greater right than I** have to the property have assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit or have signed this affidavit indicating their interest in the property.
  
- The person died without a will and the people with equal or greater right than we** have to the property have assigned their entire interests in the estate to all of us. This assignment is proven by the copy(ies) of the signed documents, which we attached to this affidavit, or have signed this affidavit indicating their interest in the property.
  
- The person died and left a valid will giving the entire estate to me/us.**
  
- The person died and left a valid will**, and the people with equal or greater right than I have to the property **assigned their entire interest in the estate to me.** This assignment is proven either by the copy of the signed document attached to this affidavit or I signed this affidavit indicating their interest in the property.
  
- The person died and left a valid will**, and the people with equal or greater right than we have to the property **assigned their entire interest in the estate to us.** This assignment is proven by the copy of the document(s) attached to this affidavit or we have signed this affidavit indicating their interest in the property.

**11. OTHER PERSONS.** No other person has a right to the interest of the decedent in the described property.

**12. TAXES.** No federal or Arizona estate tax is due on the person who died estate.





**• I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit                      Printed Name of Person                      Date

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

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)                      \_\_\_\_\_  
Deputy Clerk or Notary Public

**• I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit                      Printed Name of Person                      Date

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

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)                      \_\_\_\_\_  
Deputy Clerk or Notary Public