

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

**SUPERIOR COURT OF ARIZONA
PINAL COUNTY**

In the Matter of the Estate of _____)
)
)
)
_____)

PB 2 _____

AFFIDAVIT OF PUBLICATION

an Adult or a Minor, deceased

1. Attached to this page is the original Affidavit of Publication from the newspaper.

Dated

Signature of Person Filing Document