

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of Estate of \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**AFFIDAVIT OF SUCCESSION FOR TRANSFER  
 OF REAL PROPERTY TITLE**

an Adult  a Minor, Deceased

JUDGE / REGISTRAR: \_\_\_\_\_

I \_\_\_\_\_, being first duly sworn, do upon my oath, hereby state as follows:

**1. INFORMATION ABOUT PERSON WHO DIED**  
 (Name of Person who Died) \_\_\_\_\_ Died on (Date) \_\_\_\_\_

**2. PLACE OF DEATH. (Check one box)**  
 At the time of death, decedent was living in Pinal County in Arizona, **OR**  
 At the time of death, decedent was not living in Arizona but was living at (city and state)  
 \_\_\_\_\_, and owned real property located in Pinal County  
 in Arizona.

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

Person(s) with equal or greater right: (if none, write none)

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

4. **DESCRIPTION OF REAL PROPERTY.** The legal description of the real property located in Pinal County Arizona is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. **INTEREST IN REAL PROPERTY OF PERSON WHO DIED.** The interest in the real property of the person who died is (list how person who died had 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 decedent's death, does not exceed \$100,000.00.
7. **SIX MONTH REQUIREMENT.** Six months have elapsed since the decedent's 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 ENTITLED TO THE PROPERTY.** That the person(s) signing the affidavit is/are entitled to the real property because (check the boxes that apply):
- I am decedent's spouse 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 of the decedent and I am the living 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 through §14-2403). All other dependent children of my parent with equal or greater right than I have to the property, who are listed above, 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.
  - I am named in the Will dated \_\_\_\_\_ of the person who died, the original of which attached to this affidavit, or a certified copy of the Will which has been probated as follows (name court and case number) \_\_\_\_\_
  - The person who died had no Will, but I am entitled to the property under law because (check one box):
    - I am the spouse of the person who died;
    - I am a living child of the person who died, and there is no living spouse;
    - I am the living parent of the person who died, and there are no living children or spouse;
    - I am a living brother or sister of the person who died, and there are no living children, spouse, or parents.
  - The person died without a Will and I am the sole heir.



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**Date**

**Signature**

**State of Arizona** )

**County of \_\_\_\_\_** )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Signer)

(Affix notary seal here)

**Notary Public** (Notary's Signature)