

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 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 [ ] an Adult or [ ] a Minor, deceased

**PB** 2 \_\_\_\_\_

- APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE [501] (Person Died Without a Will "Intestate Estate")**
- OR**
- APPLICATION FOR INFORMAL PROBATE OF WILL AND FOR INFORMAL APPOINTMENT PERSONAL REPRESENTATIVE [549] (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 person \_\_\_\_\_ (name of the person who died) 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: \_\_\_\_\_. Since the death, 120 hours have passed.
  
4.  **(Check the box only if there is a Will)** 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.  **(Check the box only if there is not a Will)** I believe that the person who died had no 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  
 **(Check the box only if there is a Will)** 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: (check the boxes that apply)  
 **(Check the box only if there is a Will)** I am named as personal representative in the Will of the person who died;  
 **(Check the box only if there is a Will)** I am the surviving spouse of the person who died and am named in the Will;  
 **(Check the box 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)  
\_\_\_\_\_

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	\$ _____
<b>TOTAL</b>	\$ _____

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
- 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 AND VERIFICATION OF APPLICANT**

STATE OF ARIZONA )  
PINAL COUNTY ) ss.

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

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
By \_\_\_\_\_  
Deputy Clerk / Notary Public