

# SUPERIOR COURT OF ARIZONA IN PINAL COUNTY

## *Probate/Guardian/Conservator Information Sheet*

**IN THE MATTER OF:** \_\_\_\_\_

(Please Print)

Case Number \_\_\_\_\_ Date \_\_\_\_\_

**Description of Proposed Fiduciary / Guardian / Conservator** *(The person to be appointed Guardian / Conservator OR person seeking appointment as Personal Representative of the estate of someone who died)*

Name: (First / Middle / Last)	Date of Birth:	
Mailing Address:	Social Security Number:	
Physical Address:	Race:	
Home telephone:	Height:	Weight:
Work Telephone:	Hair Color:	Eye Color:
Relationship to Proposed Ward or Deceased:		
Fiduciary Certification No.		

**Information about the Person Needing Protection (minor or Incapacitated Adult)**

Name of Person Needing Protection: (First / Middle / Last)	Date of Birth:	
Mailing Address:	Social Security Number:	
Physical Address:	Home Telephone:	

**If concerning an Estate matter (information of the Decedent, person who died)**

Decedent's Name: (First / Middle / Last)	Decedent's Date of Birth:
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I state to the court that the information I have provided is true and correct, under penalty of perjury.

\_\_\_\_\_  
Petitioner or Attorney signature

**NOTICE:** This document is used by the Court for administrative purposes only and may be maintained in electronic form. **It is not part of the public record.**