

Name of Person Signing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing Self (Without a lawyer) or Attorney for _____

**SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

In the Matter of the Estate of _____)
 _____)
 _____)
 _____)
 an Adult a Minor, deceased

PB _____

**WAIVER OF NOTICE OF HEARING
 ON PETITION FOR FINAL
 ACCOUNTING**

STATE OF ARIZONA)
 COUNTY OF PINAL) ss.

I state under oath as follows:

1. RECEIVED COURT PAPERS. I have received and read a copy of the following Petition and other court papers:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

2. RELATIONSHIP. My relationship to the person who died and is named in the caption above is (explain):

3. WAIVE NOTICE. I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

 Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____,

My Commission Expires:

By _____
 Deputy Clerk/Notary Public