

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing  Self, without a Lawyer or  Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Deceased.

### PROBATE INFORMATION FORM FOR DECEDENT'S ESTATE

**Updated** (Check this box if this is an updated form.)

#### Instructions:

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (\*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is not available to the general public. In addition, you are not required to provide anyone with this form, other than the court.

A. Information about the Nominated Personal Representative / Special Administrator:

Name: \_\_\_\_\_

Is this person or entity an Arizona Licensed Fiduciary?  Yes  No

If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

\_\_\_\_\_  
Mailing Address:\* \_\_\_\_\_

Physical Address:\* \_\_\_\_\_

Work Telephone Number:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

If the nominated personal representative/special administrator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section B below. Otherwise, complete the remainder of section A.

Home Telephone Number:\* \_\_\_\_\_

Cellular Phone Number:\* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_

B. Information about the Decedent:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature