

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 Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

In the Matter of the Estate of:

Case Number: _____

 an Adult a Minor, deceased

WAIVER OF RIGHT TO APPOINTMENT AS PERSONAL REPRESENTATIVE AND CONSENT TO APPOINTMENT OF PERSONAL REPRESENTATIVE

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

1. I am: (check one box)
 - (Check only if there is NO Will)** an heir of the decedent's estate without a Will or
 - (Check only if there IS a Will)** a person named in the decedent's Will.

2. I have priority for appointment as Personal Representative of this estate under A.R.S. 14-3203 because: (check which box applies)
 - (Check only if there IS a Will)** I am named as Personal Representative in the Will of the person who died;
 - (Check only if there IS a Will)** I am the surviving spouse of the person who died and I am named in the Will;
 - (Check 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)

3. I waive and want to give up any right I have to appointment as the Personal Representative of this estate.

4. I consent to the appointment of (name) _____ as
Personal Representative of the estate.

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public