

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:

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

### DECLARATION SUPPORTING PUBLICATION

An Adult  A Minor  Deceased

#### UNDER PENALTY OF PERJURY, I STATE THESE FACTS:

1. I am the Petitioner or Applicant and make these statements to show the circumstances why notice by Publication was used, and to show how service by publication was done.

2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:

- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_
- Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship to Protected or Deceased person: \_\_\_\_\_

- 3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.
- 4. I contacted the persons listed below to find out the location of the persons entitled to notice. (Note: There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.). Attach additional pages as necessary to show all the persons you contacted.

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person Entitled to Notice:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**Name of Person I am Looking for:** \_\_\_\_\_

**Name of Person I Contacted:** \_\_\_\_\_

**Address of Person I Contacted:** \_\_\_\_\_

**5. ABOUT THE PUBLICATION.**

**NOTICE OF HEARING was published** in a newspaper in this County on the following dates.

A. \_\_\_\_\_, B. \_\_\_\_\_, C. \_\_\_\_\_ .

**PROOF OF PUBLICATION IS ATTACHED. (REQUIRED)**  
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

**By signing this document, I state to the Court, under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Petitioner's Signature