

Case No. _____

INFORMATION ABOUT THE FIDUCIARY, _____ the person to serve as guardian, conservator, or personal representative (executor) of the Estate of someone who died.

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____		SSN: _____	
TELEPHONE (Cellular): _____		EMAIL: _____	
TELEPHONE (Work): _____		CERTIFICATION # _____ (for State-Licensed Fiduciaries ONLY)	
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE: _____	HEIGHT _____	WEIGHT: _____
	EYE COLOR: _____	HAIR COLOR: _____	

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Maricopa County) Probate Court case number and you are filing in an existing Superior Court case in Cochise County, **DO NOT SUBMIT THIS FORM.**