

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 MARICOPA COUNTY

In the Matter of the Estate of:

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

\_\_\_\_\_  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:

- 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.
- 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