INFORMAL PROBATE



Administering and Accounting as Personal Representative Before Closing the Estate

(Forms Packet)

SELF-SERVICE CENTER

INFORMAL PROBATE ADMINISTERING AND ACCOUNTING OF THE ESTATE OF THE PERSON WHO DIED BEFORE CLOSING THE ESTATE

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- You have been appointed the personal representative of the estate of a person who died; AND,
- ✓ The person had a Will or did not have a Will; AND,
- You want to transfer property (You must use this packet to transfer any real property); AND/OR
- File the final accounting of the estate of the person who died because you are ready to close the estate (You do not need to file a final accounting unless you want to do a formal closing which means you want the court to review your accounting, or there are some accounting issues that you want the court to resolve.)

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. If you need to consult a Lawyer, the Pima County Bar Association offers a Lawyer Referral Service that provides half-hour consultations for a low cost. http://www.pimacountybar.org/

The Clerk's office cannot provide legal advice. Employees may be able to offer instruction about how and where to file appropriate paperwork, but will not provide help on issues of law

SELF-SERVICE CENTER

INFORMAL PROBATE

Administering and Accounting Before Closing the Estate Part 3: Forms

This packet contains court forms and instructions to file informal probate. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

| Order | File Number | Title | # pages |
|-------|-------------|----------------------------------------------------------------|---------|
| 1 | | Checklist: You may use this packet if | 1 |
| 2 | | Table of Contents (this page) | 1 |
| 3 | | "Instrument or Deed of Distribution" | 2 |
| 4 | | "Petition for Approval of Accounting" | 1 |
| 5 | | "Form for Submission of Accounting" | 7 |
| 6 | | "Fee Statement and Proof of Mailing" | 2 |
| 7 | | "Court Order Regarding Petition for Approval of Accounting" | 2 |
| 8 | | "Notice of Non-Appearance Hearing Regarding Final Accounting" | 1 |
| 9 | | "Response to Court Accountant Report" | 1 |
| 10 | | "Waiver of Notice of Hearing on Petition for Final Accounting" | 1 |
| 11 | | "Proof of Notice of Hearing" | 2 |

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

| Person Filing: Address (if not protected): City, State, Zip Code: Telephone: Email Address: Lawyer's Bar Number: Licensed Fiduciary Number: Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Address (if not protected): City, State, Zip Code: Telephone: Email Address: Lawyer's Bar Number: Licensed Fiduciary Number: | |
| Telephone: Email Address: Lawyer's Bar Number: Licensed Fiduciary Number: | |
| Email Address: Lawyer's Bar Number: Licensed Fiduciary Number: | |
| Licensed Fiduciary Number: | |
| Licensed Fiduciary Number: | USE ONLY |
| Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent | |
| | |
| SUPERIOR COURT OF ARIZONA IN PIMA COUNTY | |
| In the Matter of the Estate of: Case Number: PB | _ |
| INSTRUMENT OR DEED OF DISTRIBUTION ☐ an Adult ☐ a Minor, deceased | |
| an riddic in a minor, accessed | |
| I was appointed Personal Representative of the Estate in this case on (date)to the property of the Estate as required by Title 14 of the Arizona Revised Statutes. I hereby assign, tracelease all right, title and interest to the following property to the following person(s): 1. PERSONS TO WHOM PROPERTY FROM THE ESTATE WAS GIVE DESCRIPTION OF PROPERTY: | nsfer and |
| | |
| Name Address Legal Description of Prop | perty |
| | following property, he estate, |

| Property Description: | | |
|-----------------------------------------------------|--------------|----|
| Money Owed on Property: | | |
| Reasons Money Owed: | | |
| Arrangements to Pay: | | |
| | | |
| Property Description: | | |
| Money Owed on Property: | <u> </u> | |
| Reasons Money Owed: | | |
| Arrangements to Pay: | | |
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| Bound Bound of | O'ana at ana | |
| Personal Representative's | Signature | |
| Print name | | |
| | | |
| 27.175.05 | | |
| STATE OF | | |
| COUNTY OF | | |
| COUNTY OF | | |
| Subscribed and sworn to or affirmed before me this: | (date) | by |
| | (uale) | |
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Case No.

| Addre | ess (if not | protected): | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------|------------------------------|
| Telep | hone: | | | |
| Lawy | er's Bar Nı | umber: | | FOR CLERK'S USE ONLY |
| | | iary Number: ☐ Self, without a Lawyer or ☐ Attorn | | ondent |
| | 3 [| SUPERIOR CO | OURT OF ARIZONA A COUNTY | |
| In the | Matter of | : | Case Number: PB | |
| | | | PETITION FOR APPROVA FINAL ACCOUNTING AND/OR | AL OF |
| A De | ceased Pe | erson | ☐ FEE STATEMENT | |
| | of Arizor | , | | |
| | | TIONER STATES UNDER | | |
| IN | STRUCTI | ONS: For approval of accounting, p | out a check mark in boxes 1, 2 and | complete number 1: |
| 1. | | This is the final accounting for this es | | period from |
| 2. Attached is a correct statement of all financial dealings I had as Personal Representative of Estate. The summary of all financial transactions are fully described, itemized, and summarized the attached pages. I request that the Court enter an order approving this final accounting. (Be to attach the accounting.) | | | ized, and summarized on | |
| | INS | TRUCTIONS: For approvals of fee | statements, put a check mark in b | ox number 3: |
| 3. | | Attached is a copy of the Fee Statem the Fee Statement.) | nent for which I request approval too | . (If you check this, attach |
| | | | SIGNED | |
| STAT | E OF | | | |
| | | | | |
| | | sworn to or affirmed before me this: | | by |
| | | | (date) | |
| | | | · | |
| | | | | |
| (nota | ry seal) | | Deputy Clerk or Notary Public | |

| Person Filing: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Address (if not protected): | |
| City, State, Zip Code: | |
| Telephone: | |
| Email Address: | |
| Lawyer's Bar Number: | FOR CLERK'S USE ONLY |
| Licensed Fiduciary Number: | |
| Representing Self, without a Lawyer or Attorney for Petitioner C | DR Respondent |
| SUPERIOR COURT OF ARIZ IN PIMA COUNTY | ONA |
| FORM FOR SUBMISSION OF FINAL ACCOUNTING for Informal Probates IN THE MATTER OF THE ESTATE OF: Case No. PB | |
| TODAY'S DATE: | |
| INSTRUCTIONS. This form is provided for you to summarize the Guidelines are also included in this packet to help you complete this form Approval of the Final Account. | |
| This is the final accounting for this estate. This account (date) to(date) | = |
| The current amount of the bond is It should be decreased to \$ to cover the unrestricted assets plus | |

ACCOUNT SUMMARY

INSTRUCTIONS: Complete Lists A-F first, then enter the total from each list on this summary.

| Α | The beginning balance of the Decedent's account from LIST A , page 3 | | \$ |
|----|-------------------------------------------------------------------------------------------------------------|---|----|
| B. | PLUS the money I received during this period of time on behalf of the Decedent | | |
| | from LIST B, page 4 | + | \$ |
| | | | |
| C. | PLUS the gains on the value of property I sold or otherwise disposed of and other adjustments | | |
| | as itemized in LIST C, page 5 | + | \$ |
| D. | MINUS the money I have spent during this time period | | |
| | as itemized in LIST D, page 6 | - | \$ |
| E. | MINUS the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized | | |
| | in LIST E , page 7 | - | \$ |
| | | | |
| F. | EQUALS the ending balance of the property of the Decedent as itemized | | |

(Total)

in **LIST F**, page 8

LIST A-- BEGINNING BALANCE

Itemization of assets of Decedent at the beginning of this account period (Add, as many sheets of paper as necessary to describe)

Description Value List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number) List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit) List all Life Insurance Policies: (include company name, policy number, cash value) List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value List all real property:

| FNTFR TOTAL | ⊢ FROM LIST A HI | ERE AND ON PAGE | E 2. I INF A | \$ |
|--------------------|------------------|-----------------|--------------|----|

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

| Case No. |
|----------|
|----------|

LIST B--MONEY RECEIVED DURING THIS ACCOUNT PERIOD

(Add, as many sheets of paper as necessary to describe)

| DATE | PAYER | DESCRIPTION | AMOUNT \$\$ |
|-------------|-----------------------|-------------------|-------------|
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| TOTAL (ENTI | ER AMOUNT HERE AND AT | LINE B ON PAGE 2) | |

| Case No. | |
|----------|--|
| Case No. | |

LIST C-- SCHEDULE OF GAINS

Property of the Decedent that was sold or otherwise disposed of during this account period and other adjustments.

(Add, as many sheets of paper as necessary to describe)

| DATE | PURCHASER | DESCRIPTION | AMT \$\$ GAINED |
|-------------|-----------------------|-------------------|-----------------|
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| TOTAL (ENTI | ER AMOUNT HERE AND AT | LINE C ON PAGE 2) | \$ |

| Case No. |
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| |

LIST D--MONEY SPENT

On behalf of the Decedent during this account period (Add, as many sheets of paper as necessary to describe)

| DATE | PAYEE | PURPOSE | AMOUNT \$\$ SPENT |
|------|-------|---------|-------------------|
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LIST E--SCHEDULE OF LOSSES

Losses on the value of property sold or otherwise disposed of, and other reductions in the value of the estate during this account period (Add, as many sheets of paper as necessary to describe)

| DATE | PAYEE | DESCRIPTION | AMNT \$\$ LOST |
|-------------|-------------------------|-------------------|----------------|
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| TOTAL (ENTE | ER AMOUNT HERE AND AT L | .INE E ON PAGE 2) | \$ |

LIST F--VALUE OF THE DECEDENT'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

Itemization of assets of the Decedent at the end of this account period (Add, as many sheets of paper as necessary to describe)

| | Description | Value |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|
| List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number) | | |
| List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit) | | |
| List all Life Insurance Policies: (include company name, policy number, cash value) | | |
| List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value | | |
| List all real property: | | |
| ENTER TOTAL FROM LIST F HERE AND ON PAGE 2, LINE F \$ | | |

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

| Person Filing | | | |
|----------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Address (if not | protected): | | |
| | | | |
| | | | |
| Email Address | | | |
| Lawyer's Bar N | umber: | | FOR CLERK'S USE ONLY |
| | | | |
| Representing | | er or Attorney for Petitioner OR R | |
| | SUPE | ERIOR COURT OF ARIZONA IN PIMA COUNTY | 1 |
| In the Matter o | f the: | Case Number: PB | |
| | | FEE STATEME | = = |
| A Deceased P | erson | AND PROOF O | F MAILING |
| fees are ch | arged must be specifica document preparation | st be completed in all cases where fees are chally listed, such as telephone calls, meetings, stan, work in house or files, personal visits, trips, a R SERVICES: The following is a statemen (date) to | aff meetings, conferences, and so forth. nt of fees for services rendered |
| | | | |
| DATE | DESCRIPTION | N AND SERVICE PROVIDER | TIME |
| | | | |
| | | | |
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| | | | |
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| | | | |
| _ | OF HOURS BILL of hours billed is | | TOTAL CHARGE |

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

| NAME | ADDRESS |
|------|---------------|
| | |
| | |
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| | |
| | Todav's Date: |

Your Signature:

| Person | Filing: | | | |
|-------------------|------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| | | otected): | | |
| City, St | ate, Zip Co | ode: | | |
| | | | | |
| | | | | FOR CLERK'S USE ONLY |
| | | nber: | | |
| | | ry Number: | | |
| Repres | enting 🗌 | Self, without a Lawyer or Attorney for Petitioner | OR Respo | ondent |
| | | SUPERIOR COURT OF ARI | ZONA | |
| In the M | /latter of: | Case Number: PB | | |
| | | ORDER REGA PETITION FOR | RAPPROVA | |
| A Dece | eased Pers | FINAL ACCOU FEE STATEME | | |
| NOT unders | ICE: tand it, co | This is an important court order that could affect your legal nsult an attorney for legal advice. | rights. Read | it carefully. If you do not |
| FINE | DINGS | OF THE COURT: | | |
| 1. | PETITI of the Es | ON FILED. A Petition for Approval of Final Accounting w tate. | as filed by the | Personal Representative |
| 2. | | E. Notice of the Petition was ☐ given as required by law o er: | | |
| 3. | PETITI the Cour | ON REVIEWED. The Petition for Approval has been ret. | viewed by the | Court Accountant and by |
| IT IS | ORD | ERED: | | |
| 1. | | The Accounting is approved as submitted | | |
| | | OR | | |

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ALL RIGHTS RESERVED Page 1 of 2

| | OR |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The Accounting is not approved. The Personal Representative shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Final Accounting, and shall address each and every recommendation of the Court Accountant by |
| | The fee statement is approved and fees are allowed in the amount of \$ |
| | OR |
| DONE | The fee statement is not approved and the Personal Representative is ordered to do the following things: |
| DONE | JUDICIAL OFFICER OF THE SUPERIOR COURT |
| | |

Case No.

| Paragn Filings | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Person Filing: Address (if not protected): | |
| City, State, Zip Code: | |
| Telephone: | |
| Email Address: | |
| Lawyer's Bar Number: | |
| Licensed Fiduciary Number: | r or Attorney for Petitioner OR Respondent |
| Representing Sen, without a Lawye | r or Attorney for Petitioner OR Respondent |
| SUPE | RIOR COURT OF ARIZONA IN PIMA COUNTY |
| In the Matter of: | Case Number: PB |
| | NOTICE OF NON APPEARANCE HEARING REGARDING FINAL ACCOUNTING |
| A Deceased Person. | |
| THIS IS A LEGA | L NOTICE; Your rights may be affected. |
| • | egal. Sus derechos podrían ser afectados. |
| | sonal Representative has filed with the Court the following Petition and e of the Petition and the titles of all papers you filed with the court): |
| 1. | |
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| | |
| COURT HEARING . A court hear as follows: | ing has been scheduled to consider the Petition and matters in the court papers |
| DATE and TIME | |
| PLACE: | |
| JUDICIAL OFFICER: | |
| | |
| | |
| DATED: | |
| (Month/Day/Year) | Personal Representative's Signature |
| | |

YOU ARE RESPONSIBLE FOR PROTECTING YOUR INTERESTS.

This matter may not be independently investigated or verified by the court. If you object to any part of the petition or motion that accompanies this notice, you must file (at least 3 days before the hearing) with the court a written objection describing the legal basis for your objection. Failure to file a written objection may jeopardize your interests. Without your written objections, you should expect that the requested relief will be granted. If you question any other action of the fiduciary, file an appropriate written petition or motion with the court.

This is a legal matter. If you have questions, seek legal advice from an attorney. You have the right to represent yourself. If you represent yourself you must correctly follow court procedures.

| Person Filing: | | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------|--|
| | | | |
| Address (if not protected): | | | |
| City, State, Zip Code: | | | |
| Telephone: | | | |
| Email Address: | | | |
| Lawyer's Bar Number: | | FOR CLERK'S USE ONLY | |
| Licensed Fiduciary Number: | | . 1 4 | |
| Representing Self, without a Lawyer or Atto | rney for Petitioner OR Respo | ndent | |
| | OURT OF ARIZONA A COUNTY | | |
| In the Matter of: | Case Number PB: | | |
| | RESPONSE TO COURT A REPORT FINAL ACCOUN | | |
| A Deceased Person | PERSONAL REPRESENT | ATIVE | |
| State of Avisons | | | |
| State of Arizona) County of Pima)ss. | | | |
| Jos. | | | |
| account file these separately. Use additional pape | | | |
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| | SIGNED: | | |
| STATE OF | SIGNED: | | |
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| COUNTY OF | | | |
| COUNTY OF Subscribed and sworn to or affirmed before me this: | (date) | | |
| COUNTY OF Subscribed and sworn to or affirmed before me this: | (date) Deputy Clerk or Notary Public | by | |
| COUNTY OF Subscribed and sworn to or affirmed before me this: (notary seal) Copy of the foregoing mailed this date: | (date) Deputy Clerk or Notary Public | by | |

| Perso | on Filing: | | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------|
| | ess (if not protected): | | |
| | State, Zip Code: | | |
| | phone: | | |
| | I Address: | | |
| | er's Bar Number: | | FOR CLERK'S USE ONL |
| | sed Fiduciary Number: | | |
| Repr | esenting 🗌 Self, without a Lawyer or 🔲 Attorn | ey for 🔲 Petitioner OR 🔲 Responde | nt |
| | | OURT OF ARIZONA COUNTY | |
| In the | e Matter of: | Case Number: PB | |
| A De | ceased Person | WAIVER OF NOTICE OF HEA ON PETITION FOR FINAL ACCOUNTING | ARING |
| | ΓΕ OF ARIZONA) NTY OF PIMA) ss | | |
| I stat | e under oath as follows: | | |
| 1. | RECEIVED COURT PAPERS. I have court papers: (Check the box next to the doct A | uments you received.) | |
| 3. | WAIVE NOTICE. I waive all notice of any understand that I can reverse this waiver by finumber declaring that I no longer waive notice. | hearing or court proceeding in connectifiling a written document with the court u | on with this matter. I |
| STAT | ΓΕ OF | Signature | |
| COU | NTY OF | | |
| Subs | cribed and sworn to or affirmed before me this: | (date) | by |
| (nota | _ | Deputy Clerk or Notary Public | |

| Persor | n Filing | ng: | |
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| Addres | ss (if n | not protected): | |
| | | Zip Code: | |
| - | | · | |
| Email A | Addres | ess: | |
| Lawye | r's Bar | ar Number: | FOR CLERK'S USE ONLY |
| Licens | ed Fid | duciary Number: | TON OLENNO OCE ONET |
| Repres | senting | ng Self, without a Lawyer or Attorney for Petitioner OR | Respondent |
| | | SUPERIOR COURT OF ARIZO IN PIMA COUNTY | NA |
| In the | Matter | er of (check one or both) Case Number: | PB |
| | | PROOF OF | NOTICE OF HEARING |
| A Dec | eased | d Person | |
| | | ARIZONA) Pima) ss. | |
| l sta | te u | under oath the following: | |
| . 0.0 | | • | |
| 1. | | DCUMENTS PROVIDED: I provided copies of the following cour urt document you provided. Be sure you provided and you list the NO | |
| | 1. | | |
| | 2. | | |
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| | 5 | | |
| 2. | in No | Name: O WHOM I GAVE NOTICE: These are the people to whom I gave number 1 above. State the relationship between the person who doies to. (Use extra paper if necessary.) | ied and the person you gave the |
| | Α. | Name: | |
| | B. | Relationship to person: | |
| | C. | Date I gave the documents: | |
| | D. | How I gave the documents check at least one box and complet Personal service (File affidavit of acceptance or of proce 1st class mail, postage prepaid Certified mail Registered mail (attach green card to this paper) Hand delivery by (name) | ess server or sheriff) |
| | A. | Name: | |
| | | | |
| | B. | Relationship to person: | |

| C. | Date I gave the documents: | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| D. | How I gave the documents check at least one box and complete the information: Personal service (File affidavit of acceptance or of process server or sheriff) 1st class mail, postage prepaid Certified mail Registered mail (attach green card to this paper) Hand delivery by (name) | | |
| A. | Name: | | |
| B. | Relationship to person: | | |
| C. | C. Date I gave the documents: | | |
| D. | How I gave the documents check at least one box and complete the information: Personal service (File affidavit of acceptance or of process server or sheriff) 1st class mail, postage prepaid Certified mail Registered mail (attach green card to this paper) Hand delivery by (name) | | |
| A. | Name: | | |
| B. | Relationship to person: | | |
| C. | Date I gave the documents: | | |
| D. | How I gave the documents check at least one box and complete the information: Personal service (File affidavit of acceptance or of process server or sheriff) 1st class mail, postage prepaid Certified mail Registered mail (attach green card to this paper) Hand delivery by (name) | | |
| | Petitioner's Signature: | | |
| STATE OF _ | | | |
| COUNTY OF | | | |
| | nd sworn to or affirmed before me this:(date) | by | |
| (notary seal) | Deputy Clerk or Notary Public | | |

Case No.____