SUPERIOR COURT OF ARIZONA IN PIMA COUNTY

PROBATE INFORMATION COVER SHEET

FOR CLERK'S USE ONLY

| 11102/ | | Case N | Number: | • | | | | |
|--|--------------------|------------------------|-----------------|----------------|---|-------------|-------------------|--|
| INFORMATION ABOUT THE FIDUCIARY, the person proposed to serve as: (please check one) | | | | S: | Guardian Conservator Personal Representative (executor) | | | |
| NAME: | | | | ATE | OF BIRTH: | | | |
| MAILING ADDRESS: | | | | | _ | | | |
| STREET ADDRESS: (if diffe | rent) | | | | | | | |
| TELEPHONE (Home): | | | SSN: | | | | | |
| TELEPHONE (Cellular): | | | EMAIL: | | | | | |
| TELEPHONE (Work): | | | CERTIFICATION # | | | | | |
| (for State-Licensed Fiduciaries ONLY) | | | | | | | | |
| RELATIONSHIP TO THE WA | ARD OR (if an esta | ate matter) THE I | DECEDENT: | | | | | |
| PHYSICAL DESCRIPTION: | RACE: | <u>_</u> | IEIGHT | | | WEIGHT: | | |
| | EYE COLOR: | | HAIR COLO | | | GENDE | R: | |
| INFORMATION ABOUT THE FIDUCIARY, the person proposed to serve as: (please check one) Conservator Personal Representative (executor) | | | | | | | | |
| NAME: DATE OF BIRTH: | | | | | | | | |
| MAILING ADDRESS: | | | | | | | | |
| STREET ADDRESS: (if diffe | erent) | | | | | | | |
| TELEPHONE (Home): | | | SSN: | _ | | | | |
| TELEPHONE (Cellular): | | | EMAIL: | | | | | |
| TELEPHONE (Work): | | | CERTIFICATION # | | | | | |
| | | | | 1 | (for Sta | te-Licensed | Fiduciaries ONLY) | |
| RELATIONSHIP TO THE WA | ARD OR (if an est | ate matter) THE | DECEDENT: | | | | Ī | |
| PHYSICAL DESCRIPTION: | RACE: | | HEIGHT | | | WEIGHT: | | |
| | EYE COLOR: | | HAIR COL | OR: | | GENDE | R: | |
| A person needing a guardi | an or conservato | or is the "ward". | . A person v | who | died is the "c | lecedent". | | |
| INFORMATION ABOUT T | HE WARD | or THE DECE | DENT | | | | | |
| NAME: DATE OF BIRTH: | | | | | | | | |
| | | | | | | GENDER | : <u> </u> | |
| MAILING ADDRESS : | | | | | | | | |
| STREET ADDRESS (if differ | | | | | | | | |
| TELEPHONE (Home): | | | | SSN: | | | | |
| TELEPHONE (Cellular): | | | | EMAIL: | | | | |
| ADDITIONAL WARDS ARE INVOLVED. | | | | | | | | |
| Information listed separately. | | | [| DATE OF DEATH: | | | | |

| INFORMATION ABOUT THE PETITIONER, the person f | filing these papers. | | | | |
|---|--|--|--|--|--|
| NAME: | | | | | |
| MAILING ADDRESS: | | | | | |
| TELEPHONE: | EMAIL: | | | | |
| INFORMATION ABOUT PETITIONER'S ATTORNEY: Peti | itioner is not represented by an attorney, <i>or</i> | | | | |
| NAME: | BAR # | | | | |
| TELEPHONE: | EMAIL: | | | | |
| An INTERPRETER IS NEEDED for this language: (List Names of) Persons who need interpreter: Name: | Name: | | | | |
| By signing below, I state to the Court under penal are true and correct to the best of my knowledge a | | | | | |

Case No.

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

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