

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Daytime Phone Number: _____
State Bar Number (if applicable): _____
Representing: Self (no Attorney) or Attorney

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Regarding the Matter of

Case Number: _____

AFFIDAVIT OF PUBLICATION

(NAME)

1. Attached to this page is the original Affidavit of Publication from the Newspaper.

DATED _____

Signature of Person Filing Document