

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Day/Evening Phone Number: _____
State Bar Number (if applicable): _____
Representing: Self Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Regarding the Matter of _____

Case Number: _____

**AFFIDAVIT SHOWING CIRCUMSTANCES
WHY NOTICE BY PUBLICATION WAS
USED AND ABOUT THE PUBLICATION**

(NAME)

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.

2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:

Name: _____

Last Known Address: _____

Last Date I Tried to Find Person: _____

Relationship of Person to this Case: _____

Name: _____

Last Known Address: _____

Last Date I Tried to Find Person: _____

Relationship of Person to this Case: _____

Name: _____

Last Known Address: _____

Last Date I Tried to Find Person: _____

Relationship of Person to this Case: _____

Name: _____

Last Known Address: _____

Last Date I Tried to Find Person: _____

Relationship of Person to this Case: _____

3. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.

I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

4. NOTICE OF HEARING or NOTICE TO CREDITORS was published in a newspaper in this County on the following dates:

A. _____

B. _____

C. _____

OATH OR AFFIRMATION

STATE OF ARIZONA)
County of Mohave)ss.

I declare under penalty of perjury that I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

DATED _____

Signature of Petitioner / Applicant

Subscribed and sworn to before me this _____ day of _____, _____

by _____

My Commission Expires: _____

Deputy Clerk / Notary Public