

Person Filing: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Representing  Self or  Attorney for: \_\_\_\_\_

Attorney Bar No. (if applicable): \_\_\_\_\_

Licensed Fiduciary No. (if applicable): \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
IN MOHAVE COUNTY**

In the Matter of:

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

\_\_\_\_\_

**AUTHORIZATION TO OBTAIN  
CERTIFIED COPY OF A SEALED  
DOCUMENT**

Pursuant to Rule 9(b), Arizona Rules of Probate Procedure, I, \_\_\_\_\_  
(your name), authorize \_\_\_\_\_ (authorized person's name) to obtain  
a certified copy of the following sealed document(s) in this case:

(Check one or more boxes.):

- Order of Appointment of a Fiduciary
- Letters of Appointment of a Fiduciary
- Acceptance of Appointment
- Proof of Completion of Training

Under the penalty of perjury, I certify that I am one of the following:

(Check only one of the boxes.)

- The fiduciary named in the requested document(s)
- The attorney of record for the fiduciary named in the requested document(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ (date)

by \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notarial Officer