

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Day/Evening Phone Number: _____
Representing Self without an attorney

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Estate of:

Case Number: _____

PROOF OF AUTHORITY

Deceased

Pursuant to A.R.S. §14-4204, the undersigned, _____ hereby alleges as follows:

1. The name, address and daytime telephone number of the domiciliary foreign Personal Representative is:

Daytime number: _____
2. That the undersigned is the domiciliary foreign Personal Representative for the above Estate in the State of _____. A certified copy of the undersigned's Appointment and/or Letter of Appointment is/are attached hereto and filed herewith.
3. That no local Administration or Application or Petition therefore is pending in this State.
4. A. That the undersigned files no bond herewith, as the requirement for bond has been:
(Check one, only if it applies to you)
 waived by the Will. A copy of the Will is filed herewith.
 waived by all of the heirs and devisees. Copy(ies) of waiver(s) is/are filed herewith.
 waived by Court Order
B. That pursuant to A.R.S. §§14-4204 and 14-3604, the undersigned files a certified copy of the official bond given in the domiciliary state. (Check only if filing a certified copy of the bond.)
5. That the undersigned domiciliary foreign Personal Representative files this Proof of Authority for the purpose of exercising all powers of a local Personal Representative as to assets in this state.

Case No. _____

DATED this _____ day of _____, 20 _____.

Signature of Personal Representative

Printed Name

OATH AND VERIFICATION

STATE OF ARIZONA)
) ss.
County of Mohave)

I, _____, being duly sworn and under oath, state that I am the domiciliary Personal Representative, that the statements made in this Proof of Authority are accurate and complete to the best of my knowledge and belief.

Personal Representative

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____,
by _____.

My Commission Expires: _____

Notary Public / Deputy Clerk