

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

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

Case Number: _____

In the Matter of the Estate of _____

**WAIVER OF RIGHT TO APPOINTMENT
 AS PERSONAL REPRESENTATIVE AND
 CONSENT TO APPOINTMENT OF PERSONAL
 REPRESENTATIVE**

an Adult a Minor, deceased

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

1. I am: (check one box)
 - (Check only if there is no Will) an heir of the decedent's estate without a Will or**
 - (Check only if there is a Will) a person named in the decedent's Will.**

2. I have priority for appointment as Personal Representative of this estate under A.R.S. §14-3203 because:
 (check which box applies)
 - (Check only if there is a Will) I am named as Personal Representative in the Will of the person who died;**
 - (Check only if there is a Will) I am the surviving spouse of the person who died and I am named in the Will;**
 - (Check only if there is a Will) I am another person named in the Will of the person who died;**
 - I am the surviving spouse of the person who died;
 - I am another person entitled to inherit the property of the person who died because (explain)

3. I waive and want to give up any right I have to appointment as the Personal Representative of this estate.

4. I consent to the appointment of (name) _____ as Personal Representative of the estate.

OATH OR AFFIRMATION

**STATE OF ARIZONA)
 County of Mohave)ss.**

I declare under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

 Signature Date

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____

By: _____

My Commission Expires: _____

 Notary Public / Deputy Clerk