

FOR CLERK'S USE ONLY

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

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Estate of:

Name of person who died

Case No. _____

**CLOSING STATEMENT and
PROOF OF MAILING/DELIVERY
CLOSING STATEMENT**

I am the Personal Representative of this Estate, and I make these statements under oath.

1. **Appointment as Personal Representative.** I was appointed as the Personal Representative of this Estate on _____(date), more than four months before the date of this Closing Statement.
2. **Notice to Creditors.** The Notice to Creditors was published according to law. The first publication occurred on _____(date), more than four months before the date of this Closing Statement.
3. **Administration of Estate.** The Estate has been fully administered by making payment, settlement or other disposition of all expenses of administration, and all taxes and claims that have accrued against the Estate with the following exceptions: (List the exceptions.)

4. **Distribution of Assets.** I have distributed all of the assets of the Estate to the persons entitled to distribution.
5. **Mailing Closing Statement.** I am sending a copy of this Closing Statement to all of the people to whom I distributed property of this Estate, to all people whose interests are affected by the administration of the Estate, and to all creditors or other claimants whose claims against the Estate are not barred or were not paid.
6. **Accounting.** I have mailed or delivered a copy of the full written accounting of the Estate to the people whose interests are affected by the administration of the Estate, including guardians ad litem, conservators and guardians.
7. **Claims.** With respect to any claim listed above in paragraph 3 that has not been paid and that is not barred, I have distributed the Estate subject to possible liability, with the agreement of all those entitled to distribution, or the following arrangements have been made to accommodate outstanding liabilities: (List arrangements)

STATE OF ARIZONA)
) ss.
County of Mohave)

I, _____ being duly sworn, state that I am the Personal Representative for the above Estate, and that the statements in the Closing Statement are accurate and complete to the best of my knowledge and belief. I also state that a copy of this Closing Statement was mailed to the following individuals on the date(s) and at the address(es) below.

Signature of Personal Representative

Subscribed and sworn to before me this _____ day of _____, _____,
by the above named person.

My Commission Expires: _____

Notary Public / Deputy Clerk

A copy of the Closing Statement
Was mailed to the following individuals:

Name	Address	Date Mailed/Delivered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____