

Probate Form 11: PROBATE INFORMATION FORM FOR DECEDENT'S ESTATE

Name of Person Filing: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Licensed Fiduciary # (if applicable): _____
Representing: **Self** or **Attorney for:** _____

**SUPERIOR COURT OF ARIZONA
 MOHAVE COUNTY**

Case No. _____

In the Matter of the Estate of:

 Deceased.

PROBATE INFORMATION FORM

Updated (Check this box if this is an updated form.)

INSTRUCTIONS:

1. Complete this form to the best of your knowledge and ability and then file it with your application or petition.
2. If you later learn of additional information that you omitted or if you later learn that any information in this form is incorrect, you must file an updated probate information form.
3. For purposes of this form, "Financial Institution" means a national banking association, a holder of a banking permit under Arizona law, a savings and loan association authorized to conduct trust business in Arizona, a title insurance company qualified to do business in Arizona, or a trust company holding a certificate to engage in trust business from the superintendent of financial institutions.
4. Items designated with an asterisk (*) constitute "contact information" under Rule 13, Arizona Rules of Probate Procedure. If contact information changes, you must file a notice of change of contact information.
5. This form is filed as a confidential document, so it is *not* available to the general public. In addition, you are *not* required to provide anyone with this form, other than the court.

A. INFORMATION ABOUT THE NOMINATED PERSONAL REPRESENTATIVE / SPECIAL ADMINISTRATOR.

Name: _____

Is this person or entity an Arizona Licensed Fiduciary? Yes No
If Yes, write that person or entity's Licensed Fiduciary Number on the line below:

Mailing Address:* _____

Physical Address:* _____

Work Telephone Number:* _____

Email Address:* _____

If the nominated personal representative/special administrator is an Arizona Licensed Fiduciary or a Financial Institution, proceed to section **B** below. Otherwise, complete the remainder of section **A**.

Home Telephone Number:* _____

Cellular Phone Number:* _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Sex: _____

B. INFORMATION ABOUT THE DECEDENT:

Name: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____

I, _____ (your name), under the penalty of perjury, do hereby swear that the foregoing information is true and correct to the best of my knowledge and belief.

Date

Signature