

Probate Form 13: NOTICE OF CHANGE OF FIDUCIARY'S CONTACT INFORMATION

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

In the Matter of: Case No. _____

NOTICE OF CHANGE OF FIDUCIARY'S CONTACT INFORMATION

INSTRUCTIONS:

- 1. Complete this form to the best of your knowledge and ability.
2. If any of the information in this form later changes, file a new "notice of change of fiduciary's contact 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. Unless the court orders otherwise, you must mail or deliver a copy of this form to all the parties and interested persons in this case.

NOTICE IS HEREBY GIVEN that, effective _____ (date), the undersigned fiduciary's contact information is as follows:

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 fiduciary is an Arizona Licensed Fiduciary or Financial Institution, skip the following items and proceed to the date and signature lines.

Home Telephone Number: _____

Cellular Phone 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