

Probate Form 15: AUTHORIZATION TO OBTAIN CERTIFIED COPY OF A SEALED DOCUMENT

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:

AUTHORIZATION TO OBTAIN CERTIFIED COPY OF LETTERS OF APPOINTMENT AND/OR ORDER OF APPOINTMENT

Pursuant to Rule 9(b), Arizona Rules of Probate Procedure, I, _____

(your name), authorize _____ (authorized person's

name) to obtain a certified copy of the following sealed document(s) in this case (Check one or more boxes.):

- [] Order of appointment of a fiduciary
[] Letters of appointment of a fiduciary
[] Acceptance of Appointment
[] Proof of Completion of Training

Under the penalty of perjury, I certify that I am one of the following (Check only one of the boxes.):

- [] The fiduciary named in the requested document(s)
[] The attorney of record for the fiduciary named in the requested document(s)

Date

Signature

STATE OF ARIZONA

COUNTY OF MOHAVE

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____

(notary seal)

Deputy Clerk or Notary Public