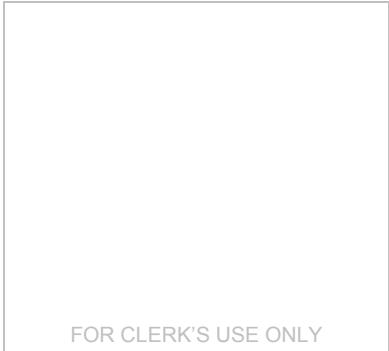


Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self (Without a Lawyer) OR
Attorney for _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

Case Number: PB _____

DECLARATION SUPPORTING PUBLICATION

an Adult a Minor Deceased

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.

2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:

- Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship to Protected or Deceased person: _____

- 3. I made a diligent search to find out the residence and whereabouts of all persons entitled to notice but failed to find any information concerning the residence or whereabouts of one or more of those persons.
- 4. I contacted the persons listed below to find out the location of the persons entitled to notice:
(There is no exact minimum number of persons you must contact. It may be more or less than five as required to satisfy the Court you have made every reasonable effort to locate every person entitled to notice.)
Attach additional pages as necessary to show all the persons you contacted.

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person Entitled to Notice: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

Name of Person I am Looking for: _____

Name of Person I Contacted: _____

Address of Person I Contacted: _____

5. ABOUT THE PUBLICATION.

NOTICE OF HEARING was published in a newspaper in this County on the following dates.

A. ____ / ____ / ____, B. ____ / ____ / ____, C. ____ / ____ / ____.

PROOF OF PUBLICATION IS ATTACHED. (REQUIRED)
(Attach an "Affidavit of Publication" supplied by the newspaper that published the notice.)

By signing this document, I state to the Court, under penalty of perjury, that the information presented is true and correct to the best of my knowledge and belief.

Date Signed

Petitioner's Signature