INFORMAL PROBATE

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3

Administering and Accounting as Personal Representative Before Closing the Estate

(Forms Packet)

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INFORMAL PROBATE

Administering and Accounting Before Closing the Estate

Part 3: Forms

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This packet contains court forms about the administering and accounting you must do as personal representative to close the estate, whether there was a will or not. Be sure the documents are in the following order:

Order	File Number	Title	# pages
1	PBIPF5ft	Table of forms in this packet	1
2	PBIPF5k	Checklist: *You may use this packet if . . .*	1
3	PBIPF51f	***"Instrument or Deed of Distribution"***	2
4	PBIPF52f	***"Petition for Approval of Accounting"***	1
5	PBIPF53f	***"Form for Submission of Accounting"***	7
6	PBIPF54f	***"Fee Statement and Proof of Mailing"***	2
7	PBIPF55f	***"Court Order Regarding Petition for Approval of Accounting"***	2
8	PBIPF56f	***"Notice of Non-Appearance Hearing Regarding Final Accounting"***	1
9	PBIPF57f	***"Response to Court Accountant Report"***	1
10	PBIPF58f	***"Waiver of Notice of Hearing on Petition for Final Accounting"***	1
11	PBIPF59f	***"Proof of Notice of Hearing"***	2

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INFORMAL PROBATE
ADMINISTERING AND ACCOUNTING OF THE ESTATE
OF THE PERSON WHO DIED BEFORE CLOSING THE ESTATE

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the personal representative of the estate of a person who died; AND,
- ✓ The person had a Will or did not have a Will; AND,
- ✓ You want to transfer property (You must use this packet to transfer any real property); AND/OR
- ✓ File the final accounting of the estate of the person who died because you are ready to close the estate (You do not need to file a final accounting unless you want to do a formal closing which means you want the court to review your accounting, or there are some accounting issues that you want the court to resolve.)

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READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website at www.superiorcourt.maricopa.gov/SSC

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Name of Person Filing Document:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney's Bar Number (if applicable)_____
Representing ☐ Self or ☐ Attorney for_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of the Estate of

Case Number: PB_____

INSTRUMENT OR DEED OF DISTRIBUTION

_____
☐ an Adult ☐ a Minor, deceased

I was appointed Personal Representative of the Estate in this case on (date) _____to distribute the property of the Estate as required by Title 14 of the Arizona Revised Statutes. I hereby assign, transfer and release all right, title and interest to the following property to the following person(s):

1. PERSONS TO WHOM PROPERTY FROM THE ESTATE WAS GIVEN and DESCRIPTION OF PROPERTY:

Name	Address	Legal Description

2. MONEY STILL OWED ON PROPERTY. Distribution of the property is subject to the following liability: (If this applies to your case, describe the property, the amount of money still owed on the property, why the property has not been paid for before or in connection with distribution and the closing of the estate, and arrangements that have been made to accommodate outstanding liability; otherwise, write "none")

Property Description: _____
Money Owed on Property:_____
Reasons Money Owed:_____
Arrangements to Pay:_____

Property Description: _____
Money Owed on Property:_____
Reasons Money Owed:_____
Arrangements to Pay:_____

Property Description: _____
Money Owed on Property:_____
Reasons Money Owed:_____
Arrangements to Pay:_____

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Case No. _____

Personal Representative _____

Print name _____

STATE OF ARIZONA)
MARICOPA COUNTY) ss.

The foregoing instrument was acknowledged before me this _____ day of _____,_____,

by _____, as Personal Representative of the Estate.

My Commission Expires:

_____
Notary Public

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Name of Person Filing Document:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self or ☐ Attorney for_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

Case Number: PB_____

_____
A Deceased Person

PETITION FOR APPROVAL OF
☐ **FINAL ACCOUNTING**
AND/OR
☐ **FEE STATEMENT**

State of Arizona)
County of Maricopa) ss.

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of accounting, put a check mark in boxes 1, 2 and complete number 1:

1. ☐ This is the final accounting for this estate, and this accounting covers the period from _____ (date) to _____ (date).
2. ☐ Attached is a correct statement of all financial dealings I had as Personal Representative of the Estate. The summary of all financial transactions are fully described, itemized, and summarized on the attached pages. I request that the Court enter an order approving this final accounting. (Be sure to attach the accounting.)

INSTRUCTIONS: For approvals of fee statements, put a check mark in box number 3:

3. ☐ Attached is a copy of the Fee Statement for which I request approval too. (If you check this, attach the Fee Statement.)

SIGNED_____

Subscribed and sworn to before me this _____ day of _____, _____ by Petitioner.

NOTARY PUBLIC:_____

My Commission Expires:

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SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
PROBATE/MENTAL HEALTH DEPARTMENT

FORM FOR SUBMISSION OF FINAL ACCOUNTING for Informal Probates

IN THE MATTER OF THE ESTATE OF

_____ **Case No. PB** _____

TODAY'S DATE: _____

INSTRUCTIONS. This form is provided for you to summarize the financial transactions. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Final Account.

1. This is the final accounting for this estate. This accounting covers the time period from (date) to _____ (date).
2. The current amount of the bond is _____. It should be increased to $_____, or decreased to $_____to cover the unrestricted assets plus the unrestricted income.

ACCOUNT SUMMARY

INSTRUCTIONS: Complete Lists A-F first, then enter the total from each list on this summary.

A	The beginning balance of the Decedent's account from **LIST A**, page 2		$_____
B.	**PLUS** the money I received during this period of time on behalf of the Decedent (Person who Died) from **LIST B**, page 3	+	$_____
C.	**PLUS** the gains on the value of property I sold or otherwise disposed of and other adjustments as itemized in **LIST C**, page 4	+	$_____
D.	**MINUS** the money I have spent during this time period as itemized in **LIST D**, page 5	-	$_____
E.	**MINUS** the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized in **LIST E**, page 6	-	$_____
F.	**EQUALS** the ending balance of the property of the Decedent as itemized in **LIST F**, page 7 (Total)	=	$_____

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Case No._____

LIST A-- BEGINNING BALANCE

Itemization of assets of Decedent at the beginning of this account period

(Add, as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value		
List all real property:		

ENTER TOTAL FROM LIST A HERE AND ON PAGE 1, LINE A $_____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

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Case No. _____

LIST B--MONEY RECEIVED DURING THIS ACCOUNT PERIOD

(Add, as many sheets of paper as necessary to describe)

DATE	PAYER	DESCRIPTION	AMOUNT $$

Case No. _____

LIST C-- SCHEDULE OF GAINS

Property of the Decedent that was sold or otherwise disposed of during this account period and other adjustments.

(Add, as many sheets of paper as necessary to describe)

DATE	PURCHASER	DESCRIPTION	AMT $$ GAINED
TOTAL (ENTER AMOUNT HERE AND AT LINE C ON PAGE 1)			**$**_____

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Case No._____

LIST D--MONEY SPENT

On behalf of the Decedent during this account period

(Add, as many sheets of paper as necessary to describe)

DATE	PAYEE	PURPOSE	AMOUNT $$ SPENT
TOTAL (ENTER AMOUNT HERE AND AT LINE D ON PAGE 1)			**$**_____

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LIST E--SCHEDULE OF LOSSES

Losses on the value of property sold or otherwise disposed of,
and other reductions in the value of the estate during this account period
(Add, as many sheets of paper as necessary to describe)

DATE	PAYEE	DESCRIPTION	AMNT $$ LOST
TOTAL (ENTER AMOUNT HERE AND AT LINE E ON PAGE 1)			**$**_____

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Case No. _____

LIST F--VALUE OF THE DECEDENT'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

Itemization of assets of the Decedent at the end of this account period

(Add, as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value		
List all real property:		

ENTER TOTAL FROM LIST F HERE AND ON PAGE 1, LINE F **$**_____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

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December 1, 2009
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Name of Person Filing Document:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney's Bar Number (if applicable):_____
Representing ☐ Self or ☐ Attorney for_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of the

_____
A Deceased Person

Case Number: PB_____

FEE STATEMENT
AND PROOF OF MAILING

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

STATEMENT OF FEES FOR SERVICES:
The following is a statement of fees for services rendered from_____ (date) to _____(date):

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:
Total number of hours billed is_____ x $_____ per hour = $_____ **TOTAL CHARGE**

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December 2, 2009
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Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date:_____

Your Signature:_____

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December 2, 2009
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Name of Person Signing Document:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney's Bar Number (if applicable):_____
Representing ☐ **Self or** ☐ **Attorney for**_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

_____

A Deceased Person

Case Number: PB_____

ORDER REGARDING
PETITION FOR APPROVAL OF
FINAL ACCOUNTING and
FEE STATEMENT (if applicable)

NOTICE: This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

FINDINGS OF THE COURT:

1. **PETITION FILED.** A Petition for Approval of Final Accounting was filed by the Personal Representative of the Estate.

2. **NOTICE.** Notice of the Petition was ☐ given as required by law or ☐ waived by all interested persons or ☐ other:_____

3. **PETITION REVIEWED.** The Petition for Approval has been reviewed by the Court Accountant and by the Court.

IT IS ORDERED:

1. ☐ **The Accounting is approved** as submitted

OR

☐ **The Accounting is approved but** with the following provisions:_____
_____
_____
_____
_____

OR

☐ **The Accounting is not** approved. The Personal Representative shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Final Accounting, and shall address each and every recommendation of the Court Accountant by _____ (date). If additional documentation or amended schedules are required by the Court Accountant, they shall be attached to the Personal Representative's Response. The Personal Representative shall include a self-addressed, stamped

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Use current form

envelope to the Court Accountant with the Response. Failure of the Personal Representative to fully address the Court Accountant's recommendations will result in the court setting a hearing date at which time the Personal Representative will be required to appear in court to explain the accounting. The court may also order the Personal Representative to personally bear additional expenses incurred in resolving the accounting issues.

2. ☐ **The fee statement is approved** and fees are allowed in the amount of $_____

OR

☐ **The fee statement is not approved** and the Personal Representative is ordered to do the following things:_____

_____

_____

_____

_____

_____

_____

DONE IN OPEN COURT:_____

_____
JUDICIAL OFFICER OF THE SUPERIOR COURT

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Name of Person Filing Document:_____
Address:_____
City, State, Zip Code:_____
Telephone Number:_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self or ☐ Attorney for:_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

Case Number: PB_____

NOTICE OF NON APPEARANCE HEARING REGARDING FINAL ACCOUNTING

_____
A Deceased Person.

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Personal Representative has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1._____
2._____
3._____
4._____
5._____

2. **COURT HEARING**. A non-appearance court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME:_____

PLACE:_____

JUDICIAL OFFICER:_____

3. **RESPONSE TO PETITION.** This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED:_____ _____
(Month/Day/Year) Personal Representative's Signature

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Your Name:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self or ☐ Attorney for_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

Case Number PB:_____

_____
A Deceased Person

RESPONSE TO COURT ACCOUNTANT REPORT FINAL ACCOUNTING OF PERSONAL REPRESENTATIVE

State of Arizona)
County of Maricopa) ss.

I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows: (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

SIGNED:_____

Subscribed and sworn to before me this date: _____by _____.
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC:

Copy of the foregoing mailed this date: _____, to the following individuals at the following addresses:

_____
_____
_____

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

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

Case Number: PB_____

_____

A Deceased Person

WAIVER OF NOTICE OF HEARING ON PETITION FOR FINAL ACCOUNTING

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

I state under oath as follows:

1. RECEIVED COURT PAPERS. I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

A._____
B._____
C._____
D._____
E._____
F._____

2. RELATIONSHIP. My relationship to the person who died and is named in the caption above is (explain):_____
_____
_____
_____

3. WAIVE NOTICE. I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

_____
Signature

Subscribed and sworn to before me this date: _____,by_____

My Commission Expires:

_____
Deputy Clerk/Notary Public

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June 21, 2007
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Your Name:_____
Your Address:_____
Your City, State, Zip Code:_____
Your Telephone Number:_____
Attorney Bar Number (if applicable):_____
Representing ☐ Self or ☐ Attorney for_____

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SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of (check one or both)

Case Number: PB_____

PROOF OF NOTICE OF HEARING

_____
A Deceased Person

STATE OF ARIZONA)
County of Maricopa) ss.

I state under oath the following:

1. DOCUMENTS PROVIDED: I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the NOTICE OF HEARING:

1._____
2. _____
3._____
4._____
5._____

2. TO WHOM I GAVE NOTICE: These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who died and the person you gave the copies to. (Use extra paper if necessary.)

A. Name:_____
B. Relationship to person:_____
C. Date I gave the documents:_____
D. How I gave the documents -- check at least one box and complete the information:
- ☐ Personal service (File affidavit of acceptance or of process server or sheriff)
- ☐ 1st class mail, postage prepaid
- ☐ Certified mail
- ☐ Registered mail (attach green card to this paper)
- ☐ Hand delivery by (name) _____

A. Name:_____
B. Relationship to person:_____
C. Date I gave the documents:_____
D. How I gave the documents -- check at least one box and complete the information:
- ☐ Personal service (File affidavit of acceptance or of process server or sheriff)
- ☐ 1st class mail, postage prepaid
- ☐ Certified mail
- ☐ Registered mail (attach green card to this paper)
- ☐ Hand delivery by (name) _____

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Case No._____

A. Name:_____
B. Relationship to person:_____
C. Date I gave the documents:_____
D. How I gave the documents -- check at least one box and complete the information:
- ☐ Personal service (File affidavit of acceptance or of process server or sheriff)
- ☐ 1st class mail, postage prepaid
- ☐ Certified mail
- ☐ Registered mail (attach green card to this paper)
- ☐ Hand delivery by (name) _____

A. Name:_____
B. Relationship to person:_____
C. Date I gave the documents:_____
D. How I gave the documents -- check at least one box and complete the information:
- ☐ Personal service (File affidavit of acceptance or of process server or sheriff)
- ☐ 1st class mail, postage prepaid
- ☐ Certified mail
- ☐ Registered mail (attach green card to this paper)
- ☐ Hand delivery by (name) _____

Petitioner's Signature: _____

SUBSCRIBED AND SWORN to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: Notary Public:_____

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