

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Estate of

Case No. PB _____

Deceased

APPLICATION FOR EMERGENCY APPOINTMENT OF SPECIAL ADMINISTRATOR (for Funeral Arrangements) A.R.S. § 14-3614

1. My name is _____, and I hereby apply to the Court for emergency formal appointment of a Special Administrator for the estate of the above-named deceased for the express limited purpose of making funeral and disposition arrangements.
2. My relationship to the deceased is: _____
3. The deceased died on this date: (Month, Date, Year) _____
4. VENUE: The deceased was domiciled in Maricopa County in the State of Arizona, at the time of death, making this the proper venue for this request.
5. There is no Personal Representative presently qualified and acting for this Estate.
6. It is necessary that a Special Administrator be appointed to act on behalf of the Estate for the express limited purpose of making any and all funeral and burial or other disposition arrangements for the decedent's remains because there is no other authorized person who is presently willing or able to perform these duties.
7. The estimated value of decedent's property over which the Special Administrator will have control is \$ [NONE].
8. Bond is not required because the Applicant will only be authorized for the limited purpose of making funeral and disposition arrangements for the decedent.
9. I am a proper person qualified to act as Special Administrator, and I request that I, or the following named qualified person (if applicable) _____ be appointed as Special Administrator for this Estate pending the appointment of a general Personal Representative for the express and limited purpose of being granted full authority to make any and all funeral and disposition arrangements for the decedent's remains with a local funeral home, cemetery or other facility.

The information I have provided on this document is true and correct, under penalty of perjury.

DATED this _____ day of _____, 20____.

Name of Applicant