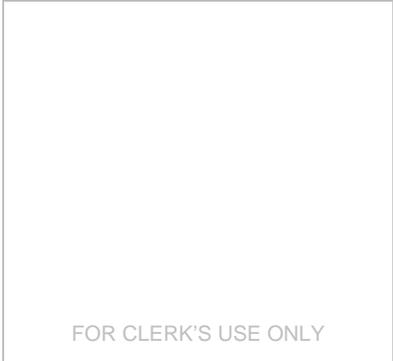


Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing Self (Without a lawyer) or Attorney for _____



SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of the Estate of _____

Case Number: PB _____

an Adult a Minor, deceased

WAIVER OF RIGHT TO APPOINTMENT AS PERSONAL REPRESENTATIVE AND CONSENT TO APPOINTMENT OF PERSONAL REPRESENTATIVE

THE UNDERSIGNED PERSON STATES AS FOLLOWS:

1. I am: (check one box)
 (Check only if there is NO Will) an heir of the decedent's estate without a Will **or**
 (Check only if there IS a Will) a person named in the decedent's Will.

2. I have priority for appointment as Personal Representative of this estate under A.R.S. 14-3203 because:
(check which box applies)
 (Check only if there IS a Will) I am named as Personal Representative in the Will of the person who died;
 (Check only if there IS a Will) I am the surviving spouse of the person who died and I am named in the Will;
 (Check only if there IS a Will) I am another person named in the Will of the person who died;
 I am the surviving spouse of the person who died;
 I am another person entitled to inherit the property of the person who died because (explain)

3. I waive and want to give up any right I have to appointment as the Personal Representative of this estate.

4. I consent to the appointment of (name) _____ as
Personal Representative of the estate.

Signature

Subscribed and sworn to or affirmed before me this date: _____ by _____.

My Commission Expires: _____

Deputy Clerk/Notary