

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 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.

STATE OF _____
COUNTY OF _____

Signature

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

_____.

(notary seal)

Deputy Clerk or Notary Public