

Arizona Superior Court, □□□□□□  
County Probate Cover Sheet

CASE NUMBER S0900PB \_\_\_\_\_ JUDGE \_\_\_\_\_

<p><b>PETITIONER'S NAME and ADDRESS</b> Name:  Address:  City/State/Zip:  DOB: <b>(Must Provide)</b></p>	<p style="text-align: center;"><b>DECEDENT'S NAME</b></p> Name:   Social Security Number:  DOB:
<p style="text-align: center;"><b>PETITIONER'S ATTORNEY NAME and ADDRESS:</b></p> Name/State Bar #:  Address:  City/State/Zip:  Telephone:	<p style="text-align: center;"><b>FEES:</b></p> <input type="checkbox"/> PAID <input type="checkbox"/> NOT PAID - REASON:  <input type="checkbox"/> Political Subdivision/Government Agency <input type="checkbox"/> Deferred <input type="checkbox"/> Waived

**NATURE OF ACTION**

Place an "X" next to the description below which describes the nature of the case.

**ESTATE & TRUST**

- Ancillary Administration
- Affidavit of Succession to Realty
- Trust Administration
- Formal Probate of Will
- Informal Probate of Will
- Supervised Administration
- Unsupervised Administration
- Other \_\_\_\_\_  
(Specify)

**ADULT ADOPTION**

- Adult Adoption

To the best of my knowledge, all information is true and correct.

\_\_\_\_\_  
**Signature of Person Filing Documents**

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

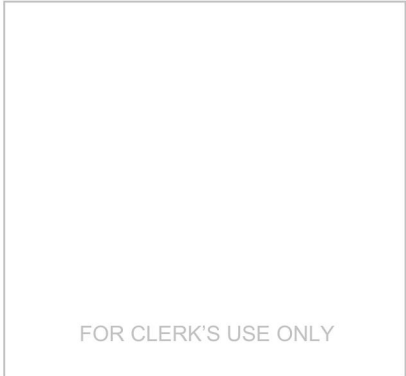
Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Licensed Fiduciary Number: \_\_\_\_\_

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



**SUPERIOR COURT OF  
ARIZONA IN \_\_\_\_\_ COUNTY**

In the Matter of the Estate of:

Case Number: S0900PB

**AFFIDAVIT OF SUCCESSION  
FOR TRANSFER OF REAL  
PROPERTY TITLE**

an Adult  a Minor, deceased

**STATE OF ARIZONA**            )  
**COUNTY OF \_\_\_\_\_**        ) ss.

By signing this affidavit, I  we  swear or affirm under penalty of perjury that its contents are true and correct.

**1. INFORMATION ABOUT PERSON WHO DIED** (the deceased).

The deceased, \_\_\_\_\_, died on \_\_\_\_\_  
(name) (date)

**2. PLACE OF DEATH.** (Check one box)

At the time of death, the person who died was living in \_\_\_\_\_ County in Arizona,  
**OR**

At the time of death, the person who died was **not** living in \_\_\_\_\_ County, but was living at:

\_\_\_\_\_  
(city and state) and owned real property located in \_\_\_\_\_ County in Arizona.

3. **RELATIONSHIP.** This is my  our  relationship to the person who died: (explain)

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4. **DESCRIPTION OF REAL PROPERTY.** The legal description as written on the deed of title of the real property is:

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5. **INTEREST OF PERSON WHO DIED IN PROPERTY.** The interest of the person who died in the real property is (list how the decedent held title to the property or other interest in the property).

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6. **VALUE OF ESTATE.** The assessed value in the estate of the person who died of all real property located in this state, including any debt secured by a lien on real property, less liens and encumbrances against the real property as of the date of the death, does not exceed \$300,000.00.

7. **SIX MONTH REQUIREMENT.** Six months have elapsed since the death, as shown in a certified copy of the death certificate attached to this affidavit.

8. **PERSONAL REPRESENTATIVE.** An application or petition for appointment of a personal representative is not pending or has not been granted in any jurisdiction OR an application has been granted but the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the \$300,000 limit on the value of the property has not been exceeded.

9. **FUNERAL EXPENSES.** Funeral expenses, expenses of last illness, and all unsecured debts of the person who died have been paid.

10. **REASON WHY  I AM  WE ARE ENTITLED TO THE PROPERTY** The persons signing this affidavit are entitled to the real property because (check the boxes that apply):

**I am the spouse of the deceased** and I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000) and family allowance (\$12,000). (A.R.S. §§ 14-2401

through 14-2405)

**There is no surviving spouse and I am the dependent or minor child** of the person who died. I am claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03). All other dependent children of my deceased parent with equal or greater right than I have to the property, have all assigned their entire interests in the estate to me, which is proven by the copy of the document they signed to this effect that I am attaching to this affidavit or they have signed this affidavit indicating their interest in the property.

**There is no surviving spouse and we are the dependents or minor children** of the person who died. We are claiming the allowance in lieu of homestead (\$18,000) exempt property (\$7,000), and family allowance (reasonable allowance for maintenance of family during administration of estate, generally up to one year). (A.R.S. 14-2401-03).

**I am**  **We are named in the will dated** \_\_\_\_\_ of the person who died, the original of which is attached to this affidavit, or a certified copy of the Will which has been probated as follows (name of court and case number)\_\_\_\_\_.

**The person who died had no will, and I am** entitled to the property by law because (check one box)

I am the spouse of the person who died;

I am a child of the person, who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not my parent and the deceased had separate or community property;

I am the parent of the person who died, and there is no surviving child, spouse or parent;

I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.

**The person who died had no will, and we are** entitled to the property by law because (check one box)

We are children of the person who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not our parent and the deceased had separate or community property;

We are a brother(s) and/or sister(s) of the person who died, and there is no surviving spouse, child, or parent.

**The person died without a will and**  I am  We are the sole heir(s).

**The person died without a will and the people with equal or greater right than I** have to the property have assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit or have signed this affidavit indicating their interest in the property.

**The person died without a will and the people with equal or greater right than we have** to the property have assigned their entire interests in the estate to all of us. This assignment is proven by the copy(ies) of the signed documents, which we attached to this affidavit, or have signed this affidavit indicating their interest in the property.

**The person died and left a valid will giving the entire estate to me/us.**

**The person died and left a valid will**, and the people with equal or greater right than I have to the property **assigned their entire interest in the estate to me.** This assignment is proven either by the copy of the signed document attached to this affidavit or I signed this affidavit indicating their interest in the property.

**The person died and left a valid will**, and the people with equal or greater right than we have to the property **assigned their entire interest in the estate to us.** This assignment is proven by the copy of the document(s) attached to this affidavit or we have signed this affidavit indicating their interest in the property.

11. **OTHER PERSONS.** No other person has a right to the interest of the decedent in the described property.
12. **TAXES.** No federal or Arizona estate tax is due on the person who died estate.

**OATH OR AFFIRMATION.**

- **I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Printed Name of Person

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

(If more than 1 beneficiary/transferee, please sign below)

- **I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Printed Name of Person

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

- **I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Printed Name of Person

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public

- **I certify under penalty of perjury that the contents of this affidavit are true and correct.**

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Printed Name of Person

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public