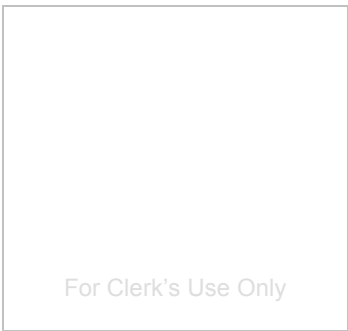


Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_



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

## AFFIDAVIT FOR COLLECTION OF ALL PERSONAL PROPERTY

STATE OF ARIZONA )  
\_\_\_\_\_ COUNTY )

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

**1. INFORMATION ABOUT THE DECEASED (THE PERSON WHO DIED):**

Name of person who died: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

**2. 30-DAY REQUIREMENT:** More than thirty (30) days have gone by since the person died.

**3. RELATIONSHIP:** My relationship to the person who died is: (explain) \_\_\_\_\_  
\_\_\_\_\_

**4. VALUE OF PERSONAL PROPERTY.** The value of all the personal property in the deceased person's estate, wherever located, minus the amount of liens and encumbrances on the property, is not greater than \$75,000.00.

**5. PERSONAL REPRESENTATIVE.** To the best of my knowledge, no one has filed an Application or Petition for Appointment of a Personal Representative and no Application or Petition has been granted in any state OR if an application has been granted the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the amount does not exceed \$75,000.00.

**6. ENTITLEMENT.** I am the claiming successor to the personal property and I am entitled to payment or delivery of the property because I am. (Check all boxes that apply.)

- I am named in the Will of the person who died, a copy of which is attached to this Affidavit.
- The deceased had no Will, but I am entitled to the property under law because (check ONE)
  - 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 spouse or child;
  - I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.
  - The person died without a will and I am the sole heir.
- The person died without a will and the people 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 documents they signed to this effect that I am attaching to this affidavit.
- The person died and left a valid Will and the people 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 documents they signed to this effect that I am attaching to this affidavit.

**7. DESCRIPTION OF PROPERTY.** The person who died owned the following personal property. (List all property. Attach extra pages if necessary.)

Description	Value	Location, or Who Has Property Now
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL VALUE:** \$ \_\_\_\_\_

**8. MONEY OWED:** The person who died was entitled to collect on the following debts from persons located in Arizona. (List all. Attach extra pages if necessary.)

Description	Amount owed	Name of Who Owes the Debt
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL AMOUNT OWED:** \$ \_\_\_\_\_

**9.** This affidavit is made under Arizona Law, Sec. 14-3971(B), Arizona Revised Statutes, for the purpose of making claim to personal property of the person who died.

**OATH OR AFFIRMATION:** The contents of this document are true and correct under penalty of perjury.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

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

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

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notary Public