D	ou Filliana					
	on Filing:					
	ess (if not protected):					
	State, Zip Code:					
	phone:					
	I Address: er's Bar Number:		FOR CLERK'S USE ONLY			
	nsed Fiduciary Number:		FOR CLERK 5 USE ONL			
	esenting Self, without a Lawyer or		esnondent			
		COURT OF ARIZONA MA COUNTY				
In the Matter of the Estate of: (Name of the person who died)		Case Number				
		CLOSING STATEMENT and PROOF OF MAILING/DELIVERY CLOSING STATEMENT				
1.		Representative. I was appointe date), more than fo				
2.		ce to Creditors was published according (date), more than four mont	=			
3.	Administration of Estate. The Estate has been fully administered by making payment, settlement or other disposition of all expenses of administration, and all taxes and claims that have accrued against the Estate with the following exceptions: (List the exceptions.)					
4.	Distribution of Assets. I have distribution.	stributed all of the assets of the Estate to	o the persons entitled			
5.	Mailing Closing Statement. I am sending a copy of this Closing Statement to all of the people to whom I distributed property of this Estate, to all people whose interests are affected by the administration of the Estate, and to all creditors or other claimants whose claims against the Estate are not barred or were not paid.					
6.		ered a copy of the full written accounting by the administration of the Estate, inc				

litem, conservators and guardians.

7.	Claims. With respect to any claim listed above in paragraph 3 that has not been paid and that is not barred, I have distributed the Estate subject to possible liability, with the agreement of the					
	•	the following arrang	tate subject to possible gements have been n	•		
			Signature o	f Personal Representa	ative	
	STATE OF ARIZO					
	statements in the belief. I also state	Closing Statement a	e Personal Representati are accurate and compl s closing statement wa below.	ete to the best of my kr	nowledge and	
	Signature of Personal Representative					
	•		ed and sworn to before i _, by the above named	·	day of	
STATE	: OF					
COUN	TY OF					
Subscr	ibed and sworn to o	or affirmed before m			by	
			(da	ate)		
(notary seal)			Deputy Clerk or Notary Public			
	A copy of the Clos	sing Statement was i	mailed to the following in	ndividuals:		
	Name		Address	Date Maile	d/Delivered	
	_					