

Arizona Department of Revenue Escheated Estate Affidavit

Mail To: Arizona Department of Revenue - Unclaimed Property Unit - PO Box 29026 - Phoenix, AZ 85038-9026

1. Name of Decedent	1a. Date of Birth	1b. Date of Death
2. Name of Claimant	2a. Relationship to Decedent	

Attach Decedent's Birth AND Death Certificate to this Affidavit.

3. Choose only one answer:

- The Decedent does not have a valid Will as defined by A.R.S. §§14-2501 to 2517.
- The Decedent did have a valid Will, as defined by A.R.S. §§14-2501 to 2517. **Attach the Will to this Affidavit.**

List the name of all related persons, as defined by A.R.S. §§14-2102 to 2103:

4. Name of Decedent's Spouse: <input type="checkbox"/> Not married at time of death	4a. Spouse's Date of Birth	4a. Spouse's Date of Death
5. Name of Decedent's Descendents <input type="checkbox"/> Descendent had no children	5a. Relationship	5b. Date of Birth
		5d. Date of Death

See attached list of additional descendents.

Attach both Birth AND the Death Certificates (if now applicable) for each Descendent to this Affidavit.

If the Decedent was not survived by spouse or descendents provide the parent information:

6. Name of Decedent's Father	6a. Father survived Decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No	6b. Father's Date of Death
7. Name of Decedent's Mother	7a. Mother survived Decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No	6b. Mother's Date of Death

Attach Death Certificates (if now applicable) to this Affidavit.

I swear and attest that all claims, assertions and signatures made in this affidavit are true and material and acknowledge that any false statement in this affidavit may subject me to penalties related to perjury and the subornation of perjury.

Claimant Signature

Date

Subscribed and Affirmed before me by: _____ this

_____ day of _____, 20_____.

State of _____

County of _____

Notary Public Signature

(Affix Seal Here)