

Notice of Assumption of Duties in a Fiduciary Capacity

Complete and mail to: Attention: Fiduciary Unit
Arizona Department of Revenue
Box B-06
1600 West Monroe
Phoenix, AZ 85007-2650

For Assistance:
• Call: (602) 716-7809 or
• Email: Fiduciary@azdor.gov.

Notice is hereby given of the assumption of duties in a fiduciary capacity in the estate named below pursuant to A.R.S. § 43-1366.

| Section 1 Decedent Information | | | |
|--|-----------------------------------|---|----------------|
| Full Name of Decedent | Decedent's Social Security Number | Decedent's Date of Death M M D D Y Y Y Y | |
| | Estate's Employer I.D. Number | Decedent's Date of Birth M M D D Y Y Y Y | |
| Full Name of Spouse | Spouse's Social Security Number | If spouse is deceased, Date of Death M M D D Y Y Y Y | |
| Last known home address of decedent – number and street | | City, Town or Post Office | State ZIP Code |
| Date domicile was established in Arizona (If nonresident, describe Arizona property on a separate schedule): M M D D Y Y Y Y | | | |
| Mailing Address – if different from home address | | City, Town or Post Office | State ZIP Code |

| Section 2 Fiduciary Information | | | |
|---------------------------------|-----------------------------------|-------|----------|
| Name of Fiduciary | Telephone Number (with area code) | | |
| Address – number and street | City, Town or Post Office | State | ZIP Code |

| Section 3 Probate Information | | | |
|--|----------------|--|----------------|
| County in which estate is being probated | Probate Number | Date of Fiduciary's Appointment M M D D Y Y Y Y | |
| Name of Attorney | | Telephone Number (with area code) | |
| Address – number and street | | City, Town or Post Office | State ZIP Code |

| Section 4 Estate Information | | | |
|---|---|---------------------------|----------------|
| Approximate Value of Entire Gross Estate \$ | Approximate Value of Probate Estate \$ | | |
| Name of Beneficiary (Include additional sheet if necessary to list additional beneficiaries.) | | Beneficiary's EIN or SSN | |
| Address of Beneficiary – number and street | | City, Town or Post Office | State ZIP Code |

| Section 5 Termination of Fiduciary Relationship | |
|---|--|
| Complete this section only if you are terminating a prior notice of a fiduciary relationship. | |
| If you are terminating a prior notice concerning fiduciary relationships on file with the Arizona Department of Revenue, check this box..... <input type="checkbox"/> | |
| Enter the date the fiduciary capacity was terminated: M M D D Y Y Y Y | |

| Signature | | |
|------------------------|-------|------|
| | | |
| SIGNATURE OF FIDUCIARY | TITLE | DATE |

NOTE: Tax information on file with the department is confidential. If the fiduciary wants the department to discuss tax matters with someone other than the fiduciary, the fiduciary must authorize the department to release confidential information to that person. If a fiduciary wishes to authorize an individual to represent or perform certain acts on behalf of the entity, a Power of Attorney must be filed and signed by the fiduciary acting in the position of the taxpayer. Use Arizona Form 285 for this purpose. Form 285 may be filed with Form 210. You may obtain Form 285 from our website at www.azdor.gov
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