

AFFIDAVIT OF EMPLOYER

I _____, am a:

- Licensed fiduciary, license number _____
- Bank trust or trust company officer with _____
(Name of company)
- Licensed attorney whose major emphasis is in the area of probate, trust, elder, mental health, or disability law, Bar # _____

Pursuant to the Arizona Code of Judicial Administration (“ACJA”) § 7-202: Fiduciaries, specifically, § 7-202(E)(1)(b)(1-5), I certify under oath I supervised:

(Name of employee/applicant) _____ in work experience specifically related to one or a combination of the fiduciary relationships of guardianship, conservatorship or personal representatives, as defined in ACJA § 7-202 subsection (A), or trusts where the applicant, in a non-familial relationship, worked and performed services in the administration of a trust, decedent’s estate, guardianship or conservatorship. This supervision occurred from (please give specific dates of employment): _____ to _____.

Full Signature of Affiant

AFFIDAVIT OF VERIFICATION

Single Acknowledgment

THE STATE OF ARIZONA, COUNTY OF _____

Before me, the above signed authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes expressed, and affirmed that the facts detailed are true.

Given under my hand and seal of office on this _____ day of _____, 20_____.

Notary Public, State of Arizona

Notary’s Name Printed

My Commission Expires