ARIZONA FORM 74

Report of Personal Representative of Decedent

This Report Must Be Completed and Returned To: Estate Tax Unit, Arizona Department of Revenue,1600 W Monroe, Room 610, Phoenix AZ 85007-2650

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For assistance call: (602) 542-4643 or 1-800-352-4090 (toll free)

				CHECK ONE
			1	Original 🔲 Amended 🔲
	Please Print	t or Type	E	state's federal identification number
Name of decedent (last, first, middle initial)			D	ecedent's social security number
			D	ate of death
Residence of decedent (city or town, state, and ZIP code)			P	robate number (if any)
			C	ounty of Probate Court
Personal representative	Address	City	State	ZIP code
Attorney	Address	City	State	ZIP code
	Attach a conv of the de	ath acutificate if this is an a	visional ranart	
	Attach a copy of the de	eath certificate if this is an c		
Section I		ummary of Estate first. Enter values below. (See	instructions)	
	Ariz	-	-	r Than Arizona
A. Real estate B. Bank deposits C. Securities				
 D. Other assets (household furnishings, automobiles, other personal property) 	\$\$		\$\$	
E. Insurance	\$		\$\$	
Total value of the estate (Add A through E)	\$		\$	
Is a Federal Estate Tax Return (Form 706 o	or 706NA) being filed?	🗆 NO 🔲 YES		
Section II	Doe	cuments Requested		
	Indicate the t	ype of waiver(s) you are reque	esting	
Estate	tax waiver (Real Estate)	Estate	tax waiver (Probate)	
Section III		Estate Assets		
	Use a continua	tion sheet if more space is ne	eded	
A. Real Estate - Market value at date of List legal description(s) of real estate in This can be found on the deed to the pr office. Note, be sure to include the lot m	Arizona. Indicate county and operty or on the notice of val	l if held as separate or joint tenar uation from the county assessor'		

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Bank Deposits - List accounts in financial	institutions.				
me of bank or other institution	Type of account	Balance at dat	Balance at date of death		
		Total Value	\$		
Securities - List all stocks, bonds, and othe	er securities that were owned by the dece		·		
me of company	Number of shares		Value at date of death		
nie er eenpany					
		Total Value	\$		
			Ψ		
Other Assets - List other assets (househol	d furnishings, motor vehicles, and other	personal property).			
		Total Value	\$		
Insurance - Insurance on decedent's life (or	whed by the decedent)				
	and by the debedenty.				
		Total Value	\$		
Under penalty of perjury, I declare that I h knowledge and belief, it is true, correct, a		accompanying schedules and statements, a	and to the best of my		
Р	ersonal Representative / Surviving	g Joint Tenant / Attorney			
Name (typed or printed)		Social security number or federal employer	identification number		
()) - F)		,			
Address					
City	State	ZIP code			
Signature of representative	Date	Phone number			