

**Notice of Assumption of Duties  
in a Fiduciary Capacity**

*Complete and mail to:* Arizona Department of Revenue  
Attention: Collection Fiduciary Unit  
1600 West Monroe - Division Code 23  
Phoenix, AZ 85007-2650

For assistance, call (602) 716-7809

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 Social Security Number		
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](http://www.azdor.gov)  
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