



**6. Demand for Notice.** *[Any interested person may file a document called a "demand for notice" that tells the personal representative and the court to send a copy of every document filed with the court to him or her.]*

- I have not received a demand for notice concerning the person who died and do not know of any demand for notice that may have been filed in Alaska or elsewhere.
- I received or I am aware of a demand for notice concerning the person who died from the following persons:  
\_\_\_\_\_

**7. Notice.**

I gave notice of this request to:

- 1) all persons who filed a demand for notice
- 2) all persons with a greater or equal right to appointment as personal representative of this estate
- 3) to any current personal representative whose position has not been terminated.

If this is a Formal Probate case, I also gave notice to:

- 1) the surviving spouse, children, and other heirs
- 2) all persons named in the will (if there is a will)
- 3) all known persons who may have an interest in the estate but whose addresses are unknown by publishing in a newspaper as required by AS 13.06.110(a)(3)
- 4) unknown persons who may have an interest in the estate by publishing in a newspaper as required by AS 13.06.110(a)(3)

Therefore, I request a court order appointing me as co-personal representative of the estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Original Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
E-mail Address

Verification

I swear or affirm that I read this entire document and believe that all of the statements made in the document are true.

\_\_\_\_\_  
Requestor's Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public, or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_

Certificate of Service

*[You must give notice of this request to all persons listed in Section 7 whose addresses are known.]*

I certify that on *[date]* \_\_\_\_\_ a copy of this request was  mailed  hand delivered to:  
*[list everyone served and attach extra pages if necessary]*

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Your signature: \_\_\_\_\_