
Date

Signature of Personal Representative

Print or Type Name

Address Line 1

Phone Number

Address Line 2 (City, State, ZIP)

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.

Personal Representative's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____.

(SEAL)

Court clerk, notary public, or other person
authorized to administer oaths.
My commission expires: _____

Certificate of Service

[A copy of this Statement and a copy of the accounting must be given to all persons who received something in the estate or had claims against the estate.]

I certify that on _____ at _____ *[date/time]* a copy of this Statement was

mailed hand-delivered emailed to:

[list everyone served; 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: _____