

**ARIZONA FORM  
210**

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

*Complete and mail to:* Fiduciary Unit, Arizona Department of Revenue, 1600 W. Monroe, Rm. 610, Phoenix, AZ, 85007-2650  
*For assistance, call* (602) 542-4643 or toll-free from area codes 520 and 928, call (800) 352-4090.

Notice is hereby given of the assumption of duties in a fiduciary capacity in the estate named below pursuant to ARS Section 43-1346.

**Section I Decedent Information**

Full name of decedent	Decedent's Social Security Number 	Decedent's date of death MM / DD / YYYY
Full name of spouse	Estate's Federal Employer I.D. Number	Decedent's date of birth MM / DD / YYYY
	Spouse's Social Security Number 	If spouse is deceased, date of death MM / DD / YYYY
Last known home address of decedent		
Date domicile was established in Arizona. If nonresident, describe Arizona property on a separate schedule. MM / DD / YYYY		
Mailing address if different from home address		

**Section II Fiduciary Information**

Name of fiduciary	Telephone number (     )
Address	

**Section III Probate Information**

County in which estate is being probated	Probate Number	Date of fiduciary's appointment MM / DD / YYYY
Name of attorney		Telephone number (     )
Address		

**Section IV Estate Information**

Approximate value of entire gross estate \$	Approximate value of probate estate \$
Name, address, and Social Security Number of beneficiary(ies). Attach extra sheet with additional name(s), address(es), and SSN(s)	

**Section V 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.*

Enter the date the fiduciary capacity was terminated ..... 

M	M	D	D	Y	Y
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▶ _____ SIGNATURE OF FIDUCIARY	_____ TITLE	_____ DATE
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