

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

1. I, \_\_\_\_\_, am interested in the estate and make this petition as  
Name of petitioner \_\_\_\_\_ of the deceased.  
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

2. Decedent information: \_\_\_\_\_ am/pm \_\_\_\_\_  
Date of death Time (if known) Age Social Security Number  
Domicile (at date of death): \_\_\_\_\_  
City/Township/Village County State

Domicile of deceased person \_\_\_\_\_  
Address City State/Zip Code

- Tribal Member  
Name of Tribe City State/Zip Code
- Tribal Descendent  
Name of Tribe City State/Zip Code
- Other American Indian  
Name of Tribe City State/Zip Code

Estimated Value of estate assets: Real Estate: \$ \_\_\_\_\_ Personal estate: \$ \_\_\_\_\_

3. So far as I know or could ascertain with reasonable diligence, the names and addresses of the heirs and/or devisees of the decedent, the relationship to the decedent, and the ages of any who are minors are as follows:

NAME	ADDRESS	RELATIONSHIP (Heir/Devisee)	AGE (if minor)

(attach additional sheets, if necessary)

Of the below interested persons, the following are under legal disability or otherwise represented and presently have or will require representation:

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

*(Attach additional sheets if necessary)*

4.  A personal representative has been previously appointed \_\_\_\_\_, County \_\_\_\_\_ and the appointment has not been terminated. The personal representative's name and address are: State \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

5.  The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_ is offered for probate and is  attached to this petition.  already in the court's possession.  
 An authenticated copy of the will and codicil(s), if any, probated in \_\_\_\_\_, County \_\_\_\_\_ is offered for probate, documents establishing its probate accompany this petition. State \_\_\_\_\_  
 Neither the original will nor does an authenticated copy of a will probated in another jurisdiction accompanies the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are: *(attach additional sheets as necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.  The decedent's will was  formally  informally probated on \_\_\_\_\_ in \_\_\_\_\_ County.  
 7. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).  
 a. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property.  
 b. I am aware of an unrevoked testamentary instrument relating to property but the instrument is not being probated because:

\_\_\_\_\_ The instrument is  attached to this application.  already in the court's possession.

8.  I \_\_\_\_\_, as a personal representative, who is qualified and has priority  
 Name \_\_\_\_\_  
 as \_\_\_\_\_ His/her address is: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

9. Other persons having prior or equal right to appointment are:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

- 10.  The will expressly request the personal representative serve with bond.
- 11.  a. The decedent left a will that directs supervised administration.  
 b. The decedent left a will that directs unsupervised administration, but supervised administration is necessary for the protection of person interested in the estate because:  
\_\_\_\_\_
- c. The decedent left a will that does not direct supervised administration, but supervised administration is necessary because:  
\_\_\_\_\_
- 12.  A special personal representative is necessary \_\_\_\_\_.

**I REQUEST:**

- 13.  An order determining heirs and that the decedent died  with  without a valid will.
- 14.  Formal appointment of the nominated personal representative  with  without bond.
- 15.  Supervised administration.
- 16.  Appointment of a special personal representative pending the appointment of the nominated personal representative.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney Signature	Date
Attorney Name (type or print)	Petitioner Signature
Address	Petitioner Name (type or print)
City, State, Zip	Address
Telephone no.	City, State, Zip
	Telephone no.

6954 East Broadway, Mt. Pleasant, MI 48858

(989)775-4800

In the Estate of: \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. I served by  ordinary mail  registered mail (copy of return receipt attached)  certified mail (copy of return receipt attached) the papers described above or posted in the following locations:

Name	Complete address of service	Date

3. I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons:

\_\_\_\_\_

I have made the following efforts in attempting to serve process: \_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

TRIBAL COURT  TRIBAL OPERATIONS  NIMKEE CLINIC  7<sup>TH</sup> GENERATION  SAGANING RESERVATION

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

IN THE MATTER OF: \_\_\_\_\_

1. I am interested in the matter as \_\_\_\_\_

2. I waive notice of hearing and consent to the application/petition for (Nature of application/petition and name of applicant/petitioner)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ and I declare that I have received a copy of this application/petition.

3. I waive notice of hearing concerning \_\_\_\_\_  
(Nature of hearing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

6954 East Broadway, Mount Pleasant, MI 48858

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In the Estate of \_\_\_\_\_

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney Name (type or print) Bar no.

\_\_\_\_\_  
Name (type or print

\_\_\_\_\_  
Attorney Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver license no. or other identification

Do not write below this line - For court use only

6954 East Broadway, Mount Pleasant, MI 48858

(989)775-4800

Estate of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, Personal Representative submit the following  
Name (type or print) Title  
 as a complete and accurate inventory of all the assets of the estate and the fair market valuations as of the:

- date of death (decedent's estate only).
- date of qualification as fiduciary (all other estates).

<b>PERSONAL PROPERTY AND REAL ESTATE</b> (If property is encumbered, show nature and amount of lien) Definitions and instructions for completing the inventory are on the other side of this form.	<b>ESTATE'S INTEREST</b>
If property has been appraised, attach a copy of the appraisal that should include a description of the property, the name of the appraiser, and the address of the appraiser.	<b>TOTAL ASSETS</b>

I declare under the penalties of perjury that this inventory has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____	Date _____
Attorney signature	Signature
_____	_____
Attorney name (type or print) Bar no.	Name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip Telephone no.	City, state, zip Telephone no.

Do not write below this line - For court use only

## DEFINITIONS AND INSTRUCTIONS FOR COMPLETING THE INVENTORY:

- \* **Real property** means land including a building or house that is built on the land.
  
  - \* **Personal property** means everything that a person owns except real property. Personal property includes bank accounts and checking accounts.
1. When listing real property, provide the legal description of the property and the name of any other owner.
  
  2. When listing personal property, provide enough detail to adequately determine the value. Some things should be listed separately and some things should be combined under one category.

Examples of things that should be listed and valued separately are:

- \* Automobiles
- \* Jewelry
- \* Bank accounts
- \* Antiques
- \* Furniture
- \* Any other individual item of high value (such as a fur coat)

Examples of things that can be listed in categories are:

- \* Household items such as dishes, flatware, curtains, linens, utensils, clothing, furnishings, etc. can be grouped into several categories or combined into one category.
  
- \* Multiple copies or pieces of a specific item that have the same value such as stocks and bonds.



**SAGINAW CHIPPEWA INDIAN TRIBE  
TRIBAL COURT  
PROBATE**

**NOTICE TO CREDITORS  
DECEDENT'S ESTATE**

Case No.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of \_\_\_\_\_ Date of birth: \* \_\_\_\_\_

First, middle, and last name

TO ALL CREDITORS: \*\*

NOTICE TO CREDITORS: The decedent, \_\_\_\_\_ who lived at

\_\_\_\_\_, Michigan, died

(Street address)

(city, zip)

\_\_\_\_\_.  
(Date)

Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to

\_\_\_\_\_, personal representative, or to both the probate

court at \_\_\_\_\_

Address

City, State, zip

and the personal representative within 4 months after the date of the publication of this notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Personal representative name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, Zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Telephone no.

**PUBLISH ABOVE INFORMATION ONLY**

Publish one time in \_\_\_\_\_ in \_\_\_\_\_ County  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_

Furnish affidavit of publication to the probate court with copy to \_\_\_\_\_

Forward statement for publication charges to \_\_\_\_\_

**\*\* NOTE TO PREPARER:** If there is a known creditor whose address is unknown and cannot be ascertained after diligent inquiry, insert "including [name of creditor] whose address and whereabouts are unknown."

STATEMENT AND PROOF OF CLAIM

Case No.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of \_\_\_\_\_  
First, middle, and last name

I, \_\_\_\_\_ of  
Creditor's name

\_\_\_\_\_ submit the following claim against the estate for the sum set forth\*  
Address \_\_\_\_\_

DESCRIPTION OF CLAIM	AMOUNT
There is now due on the claim, above all legal set-offs, the sum of:	

Notice to interested persons: This is a claim by a personal representative for an obligation that arose before the death of the decedent. A hearing will be held to determine whether to allow the claim. You may object to the claim before or at the hearing.

I declare under penalties of perjury that this statement and proof of claim has been examined by me and that its contents are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (type or print) bar no.

\_\_\_\_\_  
Claimant signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip telephone no.

\_\_\_\_\_  
City, state, zip telephone no.

- \*1. Describe nature of claim or attach statement. Attach copy of receipt or other evidence of payment if submitted by assignee.
- 2. Claims must be presented either personally or by mail to the fiduciary on or before the last day for presentment of claims, This claim may also be filed with the probate court (see reverse side for proof of service).

PLEASE SEE OTHER SIDE

**PROOF OF SERVICE**

I served upon \_\_\_\_\_  
Name

As fiduciary, a copy of this statement and proof of claim

on \_\_\_\_\_ by \_\_\_\_\_  
Date State manner and address of service

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date Signature

**ACKNOWLEDGMENT OF SERVICE**

Service of the attached statement and proof of claim is acknowledged.

\_\_\_\_\_  
Date Signature

SAGINAW CHIPPEWA INDIAN TRIBE  
 TRIBAL COURT  
 PROBATE DIVISION

ACCOUNT OF FIDUCIARY/SCHEDULE  
 OF DISTRIBUTIONS AND PAYMENT  
 OF CLAIMS  
 \_\_\_\_\_ ANNUAL  FINAL  INTERIM  
 Number

Case No.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

ESTATE OF \_\_\_\_\_  
 First, Middle, and last name

1. I, \_\_\_\_\_, am the \_\_\_\_\_  
 Name Title  
 Of the estate and submit the following as my account, which covers the period from \_\_\_\_\_  
 Date  
 to \_\_\_\_\_. This account contains a correct statement of all income and  
 Date  
 disbursements which have come to my knowledge.

2. SUMMARY

Balance on hand from last account (or value of inventory if first account).....\$ \_\_\_\_\_  
 Add account in this accounting period (total from Schedule A).....\$ \_\_\_\_\_  
 Total assets accounted for.....\$ \_\_\_\_\_  
 Subtract disbursements in this accounting period (total from Schedule B).....\$ \_\_\_\_\_  
**Total balance of assets remaining (itemize and describe in Schedule D).....\$ \_\_\_\_\_**

If additional sheets are required for Schedule A or B, place all itemization on those sheets and include only category totals on these schedules.

SCHEDULE A: INCOME, Income in this accounting period		SCHEDULE B: Expenses and other disbursements, including distributions to devisees and beneficiaries	
	\$		\$
Net gain, if any, from Schedule C		Net loss, if any, from Schedule C	
<b>Total Income</b>	\$	Total expenses and Disbursements	\$

Schedule C: Gains and losses on disposition of assets (Use only if needed)

DESCRIPTION	DATE ACQUIRED	DATE SOLD	VALUE AT TIME ACQUIRED BY FIDUCIARY	NET SALES PRICE	GAIN (LOSS)
TOTAL GAIN (LOSS).....					

If gain, transfer to Schedule A; if loss, transfer to Schedule B.

2. The following properly presented claims have not been paid, settled, or disposed of. If approved by the court, these claims will be paid.

CREDITOR (Name and Address)	AMOUNT OF DEBT	AMOUNT TO BE PAID
	\$	\$
	\$	\$
	\$	\$

3. Distributions to the following devisees/heirs have been made:

ASSET	DOLLAR AMOUNT OR VALUE	DATE OF DISTRIBUTION	NAME OF RECIPIENT

4. The following fees and cost will be paid before final distribution:

Attorney \$ \_\_\_\_\_ Personal Representative \$ \_\_\_\_\_

5. If approved by the court, the remaining estate will be distributed to the following devisees/heirs in the following amounts.

ASSET	DOLLAR AMOUNT OR VALUE	NAME OF RECIPIENT
	\$	
	\$	
	\$	

SCHEDULE D: Itemized assets remaining at end of accounting period  
If additional sheets are required, indicate on Schedule "see attached sheets".

BALANCE OF ASSETS REMAINING (Show this amount on summary).....	

3. The Interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:
4. This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.
5.  a. No Michigan estate tax or inheritance tax is due.  
 b. Michigan estate tax or inheritance tax  is due.  has been paid (evidence of full payment from Michigan Department if Treasury is attached)
6.  This account is not filed with the court.
7.  My fiduciary fees for this accounting period are \$ \_\_\_\_\_. Attached is a written description of the services.
8.  Attorney fees for this accounting period are \$ \_\_\_\_\_. Attached is a written description of services.

I declare under penalties of perjury that this account has been examined by me and that its contents are true and correct to the best of my information, knowledge and belief.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney name (type or print)                      bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary signature

\_\_\_\_\_  
Fiduciary name (type or Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

**NOTICE TO INTERESTED PERSONS**

For accounts that must be filed with the court.

1. You must bring to court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account.
4. You must pay a \$25.00 filing fee to the court when you file the objection. (See TC Filing fee schedule)
5. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection
6. You must serve the objection on the fiduciary or his/her attorney.

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IN THE MATTER OF: \_\_\_\_\_

1. I \_\_\_\_\_ am interested in the matter and make this petition as

\_\_\_\_\_  
(State interest/relationship)

2. **I HEREBY WAIVE ANY INTEREST I HAVE IN THE ABOVE ESTATE AND I REQUEST** that any interest I have in the above estate be hereby given to: \_\_\_\_\_

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my understanding, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Attorney signature (type or print) Bar no.

\_\_\_\_\_  
Petitioner name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
(city, state, zip) Telephone no.

\_\_\_\_\_  
(city, state, zip) Telephone no.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

My commission Expires: \_\_\_\_\_

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of \_\_\_\_\_

First, middle, last name

1. I am the personal representative appointed on \_\_\_\_\_ by  the court  the register.  
Date

2. Testacy  has  has not previously been formally adjudicated.

3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

4. The time for presenting claims that arose prior to the decedents death has expired.

5.  All claims properly presented have been paid, settled, or disposed of.

A schedule for payment of properly presented claims is filed and served with this petition.

6.  a. The decedent did not leave a will.

b. The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_  
is/are offered for probate and is/are  attached to this petition  already in the courts possession.

c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanied the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are: (attach additional sheets if necessary)

d. The decedent's will was informally probated on \_\_\_\_\_ in \_\_\_\_\_ County.  
Date

7. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).

8. After exercising reasonable diligence, I am unaware of any revoked testamentary instrument relating to property located within the jurisdiction of the Saginaw Chippewa Indian Tribe.

9. A final account

has been served on all interested persons.

is filed and served with this petition.

10.  All estate assets have been distributed as set forth in the final account.

A schedule for the distribution of all remaining assets of the estate is filed and served with this petition.

11.  No Michigan or estate tax is due.

Any Michigan estate tax or inheritance tax has been paid in full (evidence of full payment from Michigan Department of Treasury is attached).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.