

Saginaw Chippewa Indian Tribe Probate Court 6954 E. Broadway Mt. Pleasant, MI 48858	PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE <input type="checkbox"/> Supervised <input type="checkbox"/> Independent	CASE NO.
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Estate of _____

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: _____ m. _____
Date of death Time (if known) Age Social Security Number
 Domicile (at date of death): _____
City/Township/Village County State
 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)

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

NAME	LEGAL DISABILITY	REPRESENTED BY <small>Name, address, and capacity</small>

SEE SECOND PAGE

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4. A personal representative has been previously appointed in _____ 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, and documents establishing its probate accompany this petition. State _____
 Neither the original will nor 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. is already in the court's possession.

8. I nominate _____, as 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 requests 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 persons interested in the estate because: (complete on line below)
 c. The decedent left a will that does not direct supervised administration, but supervised administration is necessary because: (complete on line below)

12. A special personal representative is necessary because _____.

I REQUEST:

13. An order determining heirs and that the decedent died with a valid will. 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) _____ Bar no. _____ Petitioner signature _____
Address _____ Petitioner name (type or print) _____
City, state, zip _____ Telephone no. _____ Address _____
City, state, zip _____ Telephone no. _____

Saginaw Chippewa Indian Tribe
Probate Court
6954 E. Broadway
Mt. Pleasant, MI 48858

PROOF OF SERVICE

CASE NO.

Estate of _____

1. Titles of the papers served or mailed: _____

2. I served by ordinary mail registered mail (copy of return receipt) certified mail (copy of return receipt) the papers described above on:

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	Mileage \$	Total fee \$
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Date

Signature

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Saginaw Chippewa Tribal Court
Probate Division
6954 East Broadway
Mt. Pleasant, MI 48858

WAIVER

FILE NO.

The Estate of _____

1. I _____ am interested in this 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 information, knowledge, and belief.

_____	_____	_____	_____
Attorney signature	Date	Petitioner signature	
_____	_____	_____	_____
Name (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 _____, 20____.

Notary Public

County

My Commission Expires: _____

Waiver