| SAGINAW CHIPPEWA INDIAN TRIBE<br>TRIBAL COURT<br>PROBATE DIVISION  | STATEMENT AND PROOF OF CLAIM          | Case No.                         |
|--|---------------------------------------|----------------------------------|
| 6954 East Broadway, Mount Pleasant MI 48858                        |                                       | (989) 775-4800                   |
| Estate of<br>First, middle, and last name<br>I,<br>Creditor's name |                                       | of                               |
| Address  | submit the following claim against th | he estate for the sum set forth* |
| 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**

| l served upon<br>Name   |  |
|-------------------------|--|
| As fiduciary, a copy of | this statement and proof of claim  |
| ON<br>Date              | byState manner and address of service  |
|                         | nalties of perjury that this proof of service has been examined by me and that its contents are true<br>mation, knowledge, and belief. |
| Date                    | Signature  |
|                         | ACKNOWLEDGMENT OF SERVICE  |
| Service of the attached | d statement and proof of claim is acknowledged.  |

Date

Signature