

The Saginaw Chippewa Tribal Court Probate Division 6954 East Broadway Mt. Pleasant, MI 48858 (989) 775-4800	PETITION FOR PROBATE PER CAPITA FUNDS	File Number:
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Estate of: _____

I, _____, being duly sworn, state unto this Court as follows:

1. That I am interested in the estate and make this petition as _____ of the deceased.
Relationship to decedent, i.e., heir,, child, spouse, etc.
2. That decedent died on _____ at _____ a.m./p.m.
3. That decedent's social security number is _____.
4. That at the time of death decedent's domicile was:

City/Township/Village County State
5. No other court has taken jurisdiction over the above estate.
6. That the decedent was a tribal member of the Saginaw Chippewa Indian Tribe.
7. That the heirs are as follows:

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

8. That the only asset of the estate is the Per Capita check of the decedent.
9. That all of the heirs have signed waivers granting any assets of the estate to _____, and those are submitted with this Petition.

10. That _____ is responsible for all of the debts of the decedent.

WHEREFORE, your petitioner prays that this Court sign an order granting the Per Capita check be assigned to _____, that no final accounting be necessary, and that this estate be closed.

I hereby sign this petition swearing to it's truthfulness,

Date

Petitioner Signature

Petitioner Name (type or print)

Address

City, State, Zip

Telephone No.

Subscribed and sworn before me this _____ day of _____, 2005.

Notary Public

County

My Commission Expires: _____

Saginaw Chippewa Tribal Court 6954 East Broadway Mt. Pleasant, MI 48858	WAIVER	FILE NO.
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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
_____ Name (type or print)	_____ Petitioner signature
_____ Address	_____ Petitioner name (type or print)
_____ City, state, zip	_____ Address
_____ Telephone no.	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.

Subscribed and sworn before me this _____ day of _____, 2006.

 Notary Public

 County

My Commission Expires: _____

Waiver