

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

(Attach additional sheets if necessary)

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

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 _____ State _____ is offered for probate, documents establishing its probate accompany this petition.
 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	
Bar no.		_____	
_____		_____	
Address		Petitioner name (type or print)	
_____		_____	
City, state, zip		Address	
Telephone no.		_____	
_____		_____	
City, state, zip		Telephone no.	

SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT PROBATE DIVISION	PROOF OF SERVICE	Case No.
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6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of _____
First, middle, and last name

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 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 7TH GENERATION SAGANING RESERVATION

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

In the matter of: _____
First, middle, and last name

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 the 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)

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of _____

First, middle, and last name

TO:

Name, address, and telephone no.

You have been appointed and qualified as a personal representative of the estate on _____.

Date

You are authorized to do and perform all acts authorized by law except as to the following:

Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment

Restrictions and limitations:

These letters expire: **AT DISCRETION OF COURT.**

Date

Date

Judge

Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name

Bar no.

Address

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date

Deputy Register

Do not write below this line – For court use only

LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

The following provisions are mandatory reporting duties specified in the Saginaw Chippewa Tribal Code and are not the only duties required of you. See Title VI for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after your original appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of your appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate.

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs.

CHANGE OF ADDRESS: You may be required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser.

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose.

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of _____
First, middle, and last name

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

2. I accept the appointment, submit 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)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Date of birth

Driver's license no. or other identification

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 DIVISION**

**NOTICE TO CREDITORS
DECEDENTS 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 _____
Address, city, state, 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.

City, state, zip 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."

PROOF OF SERVICE

I served upon _____
Name

As fiduciary, a copy of this statement and proof of claim on _____
Date

by _____
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

ANNUAL FINAL INTERIM

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 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 (itemized 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	
Total Income	\$	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.

3. The following properly presented claims to 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

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

ASSET	DOLLAR AMOUNT OR VALUE	DATE OF DISTRIBUTION	NAME OF RECIPIENT

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

Attorney \$ _____ Personal Representative \$ _____

6. 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 the end of accounting period
If additional sheets are required, indicate on Schedule "see attached sheets".

BALANCE OF ASSETS REMAINING (Show amount on summary)	

7. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:
8. This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.
9. 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 of Treasury is attached)
10. This account is not filed with the court.
11. My fiduciary fees for this accounting period are \$ _____. Attached is a written description of the services.
12. Attorney fees for this accounting period are \$ _____. Attached is a written description of the 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.

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

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

In the matter of: _____

First, middle, and last name

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 here by 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

Attorney signature

Petitioner signature

Attorney name (type or print)

Bar no.

Petitioner name (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT PROBATE DIVISION	NOTICE OF COMPLAINT OR OMISSION	Case No.
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6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

In the matter of: _____
First, middle, and last name

TO:

IT APPEARS FROM A REVIEW OF THE COURT FILES:

- Your "Inventory" has not been filed.
- Your Account of Fiduciary is overdue. It must be filed at once.
- Other:

A copy of the above checked form has been enclosed for your convenience. You are required to complete the above listed form and file with the court within 28 days from the date of this notice. The above provisions are mandatory. Failure to comply may result in suspension of your powers and/or contempt of court.

Date

Court Clerk

The undersigned certifies that the foregoing instrument was served on the plaintiff or defendant or the attorney of record on all parties to the above cause by either personal service or at their address contained in the court files.

Date

Signature

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Estate of _____
First, middle, and 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 did an authenticated copy of a will probated in another jurisdiction accompany 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 instruments(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 inherence 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.