SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT PROBATE DIVISION	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 Address

submit the following claim against the 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
Attorney 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 _____
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