KEWEENAW BAY INDIAN COMMUNITY

APPLICATION FOR INFORMAL PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE (TESTATE/INTESTATE)

Estate of

1. I,_____, am interested in the estate and make this Name of applicant application as

Relationship to decedent, i.e. heir, devisee, child, spouse, creditor, beneficiary, etc.

- 2. Decedent Information: Date of death Time (if known) Age Social Security Number Domicile (at date of death): City/Township/Village County State
- 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	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 Name, address, and capacity

- 4. □ Venue is proper in this jurisdiction because the decedent was domiciled within the exterior boundaries of the L'Anse Indian Reservation on the date of death.
 - □ The decedent was not domiciled within the exterior boundaries of the L'Anse Indian Reservation, but venue is proper in this jurisdiction because property of the decedent was located with the exterior boundaries of the L'Anse Indian Reservation at the date of death.

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- 5. □ a. The decedent died intestate and after exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.
 - □ b. I am aware of an unrevoked testamentary instrument relating to property located in this state of defined under MCL 700.1301, but the instrument is not being probated because:

	this application. \Box is already in the Court's possession.
\Box c. The decedent's will, dated	, with codicil(s) dated, is offered
for probate and \Box is attached to	this application. \Box is already in the Court's possession.
□ d. An authenticated copy of the will a county,	nd codicil(s), if any, probated in is offered for probate, and documents establishing its ion.
	at the instrument(s) subject to this application, if any, was last will. After exercising reasonable diligence, I am ll or codicil(s).
7. \Box A personal representative has been	
	, and the appointment has not been terminated. The
personal representative's name and ad	ldress are:
Name	Address
City, State, Zip	
8. 🗆 I nominate	, as personal representative who is
Name	, as personal representative who is His/her address is:
Name	
Name qualified and has priority as :	His/her address is:
Name qualified and has priority as :	His/her address is:
Name qualified and has priority as : Address Other persons having prior or equal right to	His/her address is:
Name qualified and has priority as : Address Other persons having prior or equal right to Name	His/her address is: City, State, Zip o appointment as personal representative are: Name
Name qualified and has priority as : Address Other persons having prior or equal right to Name Name 9. □ The will expressly requests the personal	His/her address is: City, State, Zip o appointment as personal representative are: Name
Name qualified and has priority as : Address Other persons having prior or equal right to Name Name 9. □ The will expressly requests the personal	His/her address is: o appointment as personal representative are:
Name qualified and has priority as : Address Other persons having prior or equal right to Name Name 9. □ The will expressly requests the persona 10. □ A special personal representative is nec	His/her address is: o appointment as personal representative are:

13. □ The appointment of a special personal representative pending the appointment of the nominated personal representative.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

		Date		
Attorney signature		Applicant signature		
Attorney name (type or print)		Applicant name (type or print)		
Address		Address		
City, State, Zip	Telephone #	City, State, Zip	Telephone #	