JIS Code: IPA

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT	APPLICATION FOR INFORMAL PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE (TESTATE/INTESTATE)			CASE NO.	
Court address	Email		•	Court tel	ephone number
2605 N. West Bayshore Drive Peshawk	pestown, MI 49682 <u>tribalo</u>	ourt@gtb-nsn.gov			(231) 534-7050
In the matter of First, middle, and last nam	ne				
Applicant's name, address, and telephone n		Applicant's attorney	/, bar no., add	ress, and telephone no.	
1. I Name of applicant Relationship to decedent, i.e., heir, devise	ee, child, spouse, creditor, benefi		I in the estat	e and make this applic	ation as
2. Decedent information:				XXX-XX-	
Date of death	Time (if kno	own) Date of b	irth	Last four digit	s of SSN
Domicile (at date of death):	nship/Village	County			
 3. A death certificate has been issu No death certificate is available. 4.a. As far as I know or could ascerta devisees, and heirs of the deced any who are minors are: (Required testimony forms are attached.) 	ed, and a copy accompanies Attached is alternative docu in with reasonable diligence ent, and other interested per	s this application a mentation of the d , the names and a	ecedent's de	document. eath. the spouse, children,	tate
NAME	ADDRE	SS		RELATIONSHIP*	AGE
Street a					(if minor)**
City		State	Zip		
Street a	1				
City		State	Zip		
Street a	ddress	<u> </u>			

State

State

Zip

Zip

City

City

Street address

^{*} Specify spouse, child, devisee or heir.
** If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

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4.b.	Of the interested persons listed above, 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						
			raine, address, and eapasity						
			-						
5. 🗌		Michigan, but venue	as domiciled in this county on the date of death. e is proper in this county because property of the decedent was						
6. 🗌		_	ole 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 as defined under MCL								
Ш			se (if this statement is true, the probate register must deny this						
	application according to MCL								
	-	tached to this applicat	tion.						
	c. The decedent's will, dated is/are offered for probate and is.		with codicil(s) dated , application. \[\square \text{ is/are already in the court's possession.} \]						
П	d. An authenticated copy of the will and	codicil(s) if any prob	pated in County,						
Ш	is/are off		documents establishing its probate are attached to this application.						
	· · · · · · · · · · · · · · · · · · ·		ect to this application, if any, was/were validly executed and I am unaware of an instrument revoking the will or codicil(s).						
□ 8.	A personal representative has been previ	- · · ·	County,						
	and the appointment has not been termin	ated. The personal re	representative's name and address are: State						
	Name	Addre	ress						
	City	State	Zip						
□ 9.	I nominate Name	a	as personal representative, who is qualified and has the following						
	priority for appointment:		His/her address is:						
			Address						
	City	State	 Zip						
□10.	Other persons have prior or equal right to		•						
	Name		Name						
	Name		Name						

Suitable renunciations, nominations, and/or a Notice of Intent to Seek Informal Appointment and proof of its service have been or will be filed.

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□ 11.	The will expressly requests that the personal representative serve with bond.						
□ 12.	A special personal representative is necessary because						
I REQUE	ST:						
☐ 13.	Informal probate of the will.						
☐ 14.	Informal appointment of the nominated personal representative $\ \ \ \ \ \ \ \ \ \ \ \ \ $						
☐ 15.	The appointment of a special personal representative pending the appointment of the nominated personal representative.						
	under the penalties of perjury that this application has been examined by me and that its contents are true to the y information, knowledge, and belief.						
Date	Applicant name						
Date	Attorney signature						