

IN THE MATTER OF:)
)
_____) PETITION FOR APPOINTMENT
) OF ESTATE ADMINISTRATOR
) DETERMINATION OF HEIRS
) AND DISTRIBUTION OF ESTATE
)
DOB: _____ DECEASED) CASE NO. : _____

Comes now, _____, and petitions this Court to appoint an administrator of the estate of, _____, to determine the heirs of decedent, if decedent died without a will or to determine the validity of the decedent's will, if any, and for the Court to distribute the estate of the decedent.

1. That the Petitioner is an enrolled member of the _____
and presently resides at: _____
(Physical Address)
2. That Petitioner is the surviving: _____
(Relationship to Decedent)
3. That Decedent passed away on _____
4. That Decedent was an Enrolled Member of the _____
and was living at _____, at the time of his/her death.
5. That the decedent died leaving: A Will _____ ; No Will _____ to the best of the
petitioner's knowledge.
6. That the decedent's surviving spouse is: _____ and
resides at: _____
(Physical / Mailing Address)
7. That the Decedent's Children are (Names and Mailing Address): _____

(Name)	(Mailing Address)
(Name)	(Mailing Address)
(Name)	(Mailing Address)
(Name)	(Mailing Address)
(Name)	(Mailing Address)

8. That the Decedent died possessing the following personal property:

9. That the Decedent died owing the following debts:

10.No Administrator or Personal Representative has been appointed by this court.

11. That the Petitioner has not received notice and is not aware of any probate pending concerning the decedents, that may have been filed in this matter.

12. That the Petitioner is entitled to be appointed administrator for the following reasons:

WHEREFORE, Petitioner requests that this Court set this matter for a hearing to appoint an Administrator of decedents estate, to determine decedent's heirs if no will exists or to determine the validity of decedent's will, and to distribute the decedent's estate.

Dated this _____, day of _____, 20____.

Petitioner

Petitioner's Address / Phone Number

SUBSCRIBED and SWORN to, before me this _____, day of _____, 20____.

Notary Public / Clerk

My Commission Expires: _____