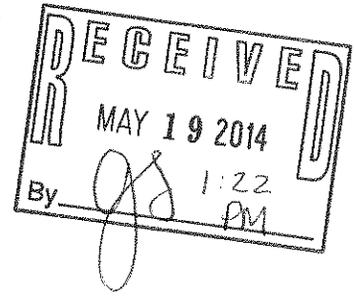




United States Department of the Interior  
OFFICE OF HEARINGS AND APPEALS

Probate Hearings Division  
215 Dean A. McGee Ave., Room 820  
Oklahoma City, OK 73102  
(405) 231-4896  
(405) 231-5568 (Fax)



IN THE MATTER OF THE ESTATE OF:  
**ANDREW WASAQUAM JR**  
AKA: ANDY WASAQUAM

PROBATE P000098639IP

Deceased Odawa (Little Traverse Bay Bands) - Mi Indian  
Identification No.: 483N003038

**NOTICE OF PROPOSED SUMMARY PROBATE DECISION**

**NOTICE IS GIVEN** under 43 C.F.R. §§ 30.114(b) and 30.201 that this matter has been assigned to the summary docket and a proposed summary probate decision was entered in the above estate, a copy of which is attached. This notice contains important information regarding your rights in this estate, including the following:

Any interested party has the right to request a formal probate hearing in this matter.

The only claims that have been considered are those that were filed with the Bureau of Indian Affairs (BIA) prior to the transfer of this matter to the Office of Hearings and Appeals. Heirs or devisees may file claims against the estate within 30 days after the date of this notice. 43 C.F.R. § 30.202(b).

Any interested party may renounce or disclaim an interest in the decedent's estate, in writing, and may designate another person to receive the renounced interest, or may renounce the interest without naming a recipient.

The proposed summary probate decision will become final thirty (30) days from the date of mailing of this notice unless, within that period, a written request for a formal probate hearing or request for de novo review is filed with the Office of Hearings and Appeals at the above address by an interested party in accordance with the provisions of 43 C.F.R. §§ 30.203 or 30.205. Written requests for formal probate hearing or de novo review must be delivered or mailed to the above address within the time specified.

A request for de novo review must state: (1) the name of the decedent; (2) a description of your relationship to the decedent; (3) an explanation of what errors you allege were made in the summary probate decision; and (4) an explanation of how you are adversely affected by the decision. 43 C.F.R. § 30.205

**PURSUANT TO 25 C.F.R. § 15.403, NO DISTRIBUTION OF ESTATE PROPERTY OR PAYMENT OF CLAIMS SHALL BE MADE UNTIL AT LEAST 45 DAYS AFTER THE MAILING OF THIS NOTICE AND SUMMARY PROBATE DECISION. FOR INFORMATION RELATING TO DISTRIBUTIONS, INTERESTED PARTIES SHOULD CONTACT THE AGENCY.**

**PARTICULAR NOTICE IS GIVEN TO INTERESTED PARTIES NAMED ON THE ATTACHED SHEET.**

Done at Oklahoma City, OK

MAY 15 2014

I certify that on \_\_\_\_\_  
I mailed a copy of this notice and attachments  
to all persons named on the attached sheet.

Leah Harjo Ware  
Attorney Decision Maker

BY: *Wendy Filer*

ESTATE OF  
ANDREW WASAQUAM JR  
AKA: ANDY WASAQUAM

CASE NO:  
P000098639IP

**PARTICULAR NOTICE IS GIVEN TO PARTIES NAMED BELOW.**

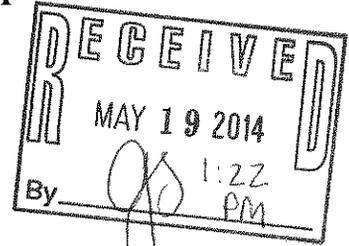
LITRO GREAT PLAINS REGIONAL OFFICE	115 4TH AV SE SUITE 400 ABERDEEN SD 57401
MICHIGAN AGENCY	2845 ASHMUN ST SAULT SAINTE MARIE MI 49783 906-632-6809
SHIRLEY ANDRA ADKINS	6101 BOGARDUS PELLSTON MI 49769
MARY ANGELA BURKS	P.O. BOX 541 6173 W. EDGAR STREET PELLSTON MI 49769 231-539-8074
ALICE ARTHUR	6071 PELLSTON ST PELLSTON MI 49769
LITTLE TRAVERSE BAND OF ODAWA	7500 ODAWA CIRCLE HARBOR SPRINGS MI 49740
OST GREAT LAKES AGENCY	916 W LAKE SHORE DRIVE ASHLAND WI 54806
MARSHALL PIERCE	P.O. BOX 544 PELLSTON MI 49769



# United States Department of the Interior

## OFFICE OF HEARINGS AND APPEALS

Probate Hearings Division  
215 Dean A. McGee Avenue, Suite 820  
Oklahoma City, Oklahoma 73102-3423  
(405) 231-4896



In the Matter of the Estate of: :

ANDREW WASAQUAM, JR. : **PROBATE P0000-98639-IP**

Deceased, Odawa (Little Traverse Bay Bands) :

#483N003038 :

### SUMMARY PROBATE DECISION

This is a proceeding to determine the heirs and settle the trust estate of Andrew Wasaquam, Jr. After notice, this proceeding is conducted pursuant to authority vested in the Secretary of the Interior as delegated to the undersigned by 43 C.F.R. Part 30, Subpart I. Based upon evidence submitted as a part of the Bureau of Indian Affairs (BIA) probate file, findings of fact and conclusions of law are made as follows:

1. Decedent. Andrew Wasaquam, Jr. was born March 5, 1924, and died, a resident of Michigan, on June 1, 2001.

2. Estate Property. The BIA certified that the decedent's estate consists entirely of trust personalty, i.e. trust funds on deposit in the decedent's Individual Indian Money (IIM) account. There may have been funds in or due and payable to the IIM account as of the date of death; however, the balance of those funds must be verified by the Office of the Special Trustee for American Indians prior to distribution. All such funds shall be distributed as provided in this decision.

3. Will. No will was submitted. Evidence did not show the decedent made one.

4. Succession. The decedent never married. He died without issue. He was preceded in death by his parents, Andrew Wasaquam and Mary Annie (Anna) Boda Wasaquam. He was also preceded in death by his siblings, Celia Wanageshik Bender, Agnes C. Wanageshik, Irene A. Wanageshik Miller, Esther Lucy Wanageshik Donovan, Daniel Wanageshik, Theresa Elizabeth Wasaquam, Alice Wasaquam and Peter Wasaquam. No evidence was presented showing any of them had children, biological or adopted. For the estates of trust beneficiaries who died prior to June 20, 2006, without having made a will, the distribution of trust personalty was governed by laws of the state of domicile. *Estate of Samuel R. Boyd*, 43 IBIA 11 (2006). The decedent was domiciled in Michigan at death. Trust personalty should be distributed pursuant to Mich. Comp. Laws Ann. §§ 700.2101 et seq. as follows:

Name	DOB	DOD	Relationship	Share
Dorothy Alma Wasaquam Pierce Estate	08/03/1915	08/21/2005	Sibling	All

5. Claims. No claims have been filed against this estate.

**ORDER**

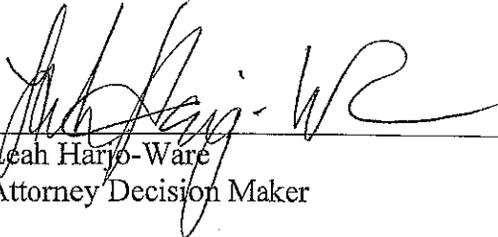
By the authority vested in the Secretary of the Interior by 25 U.S.C. §§ 372 and 373 as amended, and other applicable statutes, and pursuant to 43 C.F.R. Part 30, Subpart I,

**IT IS HEREBY ORDERED:** The Superintendent or other officer in charge distribute the decedent's trust personalty subject to this proceeding pursuant to Paragraph 4, above.

This proposed summary probate decision will become final thirty (30) days from the date of mailing of this notice unless, within that period, a written request for a formal probate hearing or request for de novo review is filed with the Office of Hearings and Appeals by an interested party in accordance with the provisions of 43 C.F.R. §§ 30.203 or 30.205. Written requests for formal hearing or de novo review must be delivered or mailed to the above address within the time specified.

A request for de novo review must state (1) the name of the decedent; (2) a description of your relationship to the decedent; (3) an explanation of what errors you believe were made in the summary probate decision; and (4) an explanation of how you were adversely affected by the decision. 43 C.F.R. § 30.205.

Dated this                     MAY 15 2014                    .

  
\_\_\_\_\_  
Leah Harjo-Ware  
Attorney Decision Maker

LF 01-215  
CF



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
1836032

TYPE/PRINT IN PERMANENT BLACK INK  
NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

1. DECEDENT'S NAME (First, Middle, Last) <b>Andrew V. Wasaquam</b>				2 SEX <b>Male</b>	3 DATE OF DEATH (Month, Day, Year) <b>June 1, 2001</b>
4a AGE - Last Birthday (Years) <b>77</b>	4b UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c UNDER 1 DAY HOURS: _____ MINUTES: _____	5 DATE OF BIRTH (Month, Day, Year) <b>March 5, 1924</b>		6 COUNTY OF DEATH <b>Emmet</b>
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) <b>Northern Michigan Hospital</b>			7b IF HOSP OR INST Inpatient Op / Emer Room, DOA (Specify) <b>Emer Room</b>	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>Petoskey</b>	
8 SOCIAL SECURITY NUMBER <b>362-24-8387</b>		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Technical Sergeant</b>		9b KIND OF BUSINESS OR INDUSTRY <b>U.S. Air Force</b>	
10a CURRENT RESIDENCE - STATE <b>Michigan</b>	10b COUNTY <b>Emmet</b>	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF <b>Pellston</b>		10d STREET AND NUMBER <b>6118 Pell St.</b>	
10e ZIP CODE <b>49769</b>	11 BIRTHPLACE (City and State or Foreign Country) <b>Bay Shore, Mi.</b>	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Never Married</b>	13 SURVIVING SPOUSE (If wife, give name before first married) <b>None</b>	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>Yes</b>	
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) <b>Native American</b>			16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) <b>Native American</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>3</b> College (1-4 or 5+)
18. FATHER'S NAME (First, Middle, Last) <b>Andrew Wasaquam</b>			19 MOTHER'S NAME (First, Middle, Surname before first married) <b>Mary Anna Boda</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Dorothy Pierce</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) <b>6571 East Main St., Pellston, Michigan 49769</b>		
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) <b>Burial</b>		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) <b>St. Clements Cemetery</b>		22b. LOCATION - City or Village, State <b>Pellston, Michigan</b>	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>David D. [Signature]</i>		24. LICENSE NUMBER (of Licensee) <b>6210</b>	25 NAME AND ADDRESS OF FACILITY <b>Stone Funeral Home, Inc. P.O. Box 396, Petoskey, Mi. 49770</b>		
26 PART I Enter the disease, injury, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.					Approximate Interval Between Onset and Death
a. <b>CARDIAC ARRHYTHMIA</b> DUE TO (OR AS A CONSEQUENCE OF)					<b>Several Minutes</b>
b. <b>LEFT VENTRICULAR DYSFUNCTION</b> DUE TO (OR AS A CONSEQUENCE OF)					<b>Several Years</b>
c. <b>CORONARY ARTERY DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF)					<b>Many Years</b>
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>Diabetes Mellitus</b>					
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>			27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) <b>Hospital</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) <b>Yes</b>		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		30b. DATE SIGNED (Mo., Day, Yr.)		30c. TIME OF DEATH <b>M</b>	
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b. DATE SIGNED (Mo., Day, Yr.) <b>01-03-2001</b>		31c. CASE NUMBER <b>2001-39</b>	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) <b>Carl W. Hawkins, M.D., 270 Buckette St., Ingonne, MI 49781</b>		32b. LICENSE NUMBER <b>48606</b>		31d. PRONOUNCED DEAD (Mo., Day, Yr.) <b>June 1, 2001</b>	
33a. ACC. SUICIDE, HOMICIDE, NATURAL OR PENDING INVEST. (Specify) <b>NATURAL</b>		33b. DATE OF INJURY (Mo., Day, Yr.)		33c. TIME OF INJURY <b>M</b>	
33e. INJURY AT WORK (Specify Yes or No)		33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g. LOCATION - Street or RFD No. City, Village or Twp. State	
34a. REGISTRAR'S SIGNATURE <i>Laurel K. Schave, Deputy Clerk</i>			34b. DATE FILED (Month, Day, Year) <b>June 7, 2001</b>		

DCH - 0483 10/96 (Formerly B-36)

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE OFFICE OF THE COUNTY CLERK, EMMET COUNTY, MICHIGAN.  
*Gail A. Martin*  
GAIL A. MARTIN, EMMET COUNTY CLERK

RECEIVED  
MAY 19 2014  
By *[Signature]* 1:22 PM

2011 AUG 29 PM 2:19  
BUREAU OF VITAL RECORDS