

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
TRIBAL COURT**



Court Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740 Phone: (231) 242-1462 Fax: (231) 242-1470

**PETITION FOR ADMINISTRATION OF ESTATE
OR FOR PROBATE OF WILL**

Person Filing Petition: _____

Tribal Affiliation: _____ Enrollment No.: _____

Age: _____ Residence: _____

Relationship to Decedent: _____

Name of Decedent: _____

Location of Death: _____

Date of Death: _____ Age at time of Death: _____

Decedent's Tribal Affiliation: _____ Enrollment No.: _____

Decedent had: a will that is attached no will

If there is a will, names, ages, and relationship of all known beneficiaries. Attach additional pages if needed.

If there is no will, list names, ages, address, and relationship of all known heirs. Attach additional pages if needed.

Decedent had assets valued at less than \$15,000 (fifteen thousand dollars)?

Yes No

Had assets valued at more than \$15,000 (fifteen thousand dollars)? Yes No

List Decedent's assets and the approximate value. Attach additional pages if needed.

List names and addresses of Decedent's Creditors. Attach additional pages if needed.

Make a general list of items buried or burned with decedent not to be distributed.

Please list person designated as the personal representative if one is not identified in the will or the person identified in the will is unable or unwilling to serve as the personal representative.

Petitioner's Signature: _____

Mailing Address: _____

Telephone Number: _____

Date: _____