

STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

STATEMENT
OF INFORMAL
ADMINISTRATION

Case No. _____

An application to initiate informal administration of the estate of the decedent has been received and there being no other administration pending, the Stockbridge-Munsee Tribal Judge determines that:

1. The application is complete including verification and the applicant is an interested person and no demand for formal administration has been made.
1. The court has jurisdiction of the estate of the decedent.
2. The requests and consents required by ordinance are complete and notice has been
 given to all persons entitled to notice.
 waived.
4. The decedent died on _____, leaving
 no will. Date _____
 a will, dated _____;
 a codicil(s), dated _____;
 a marital property agreement dated _____.
and the original and apparently unrevoked will
 is in possession of the court.
 accompanies this application.
 was probated elsewhere and an authenticated copy accompanies this application.

There has has not been a marriage or divorce since the date of execution of the will.

5. The nominated personal representative(s): _____
_____ is not disqualified by law or otherwise deemed unsuitable.

THEREFORE:

1. The application for informal administration is granted and the will, including codicil(s), if any, is admitted.
2. Domiciliary letters be issued to: _____ upon acceptance and
 bond in the sum of \$ _____ is required.
 no bond is required.
3. Letters of trust shall be issued to: _____
 bond in the sum of \$ _____ is required.
 no bond is required.

BY THE COURT:

Stockbridge-Munsee Tribal Judge

Date

STOCKBRIDGE-MUNSEE TRIBAL COURT

STATE OF WISCONSIN

County of Shawano

IN THE MATTER OF THE ESTATE OF

**Domiciliary Letters
(Informal Administration)**

Case No. _____

TO:

The decedent, domiciled in _____ County, State of
_____, died on _____.

Based upon your appointment and qualification to act as personal Representative, you are granted Domiciliary Letters with general powers and duties of personal representative. You are authorized To administer the decedent's estate as required by law.

Seal

LETTERS ISSUED BY

Stockbridge-Munsee Tribal Judge

Name Printed or Typed

Date

Name of Attorney _____

Address _____

Telephone No. _____

STOCKBRIDGE-MUNSEE TRIBAL JUDGE

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

STATEMENT OF
ACCEPTANCE

Case No. _____

I accept the duties of personal representative and agree to be bound by the laws of this state and submit personally to the jurisdiction of the court in any proceeding relating to the estate that may be instituted by any interested person.

Signature

Name (Typed)

Address

Date

STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

ORDER GIVING NOTICE
TO CREDITORS

Case No. _____

An application has been filed for informal administration of the estate of the above named person, In _____ County, Wisconsin, whose post office address was _____ and all interested persons have waived notice.

IT IS ORDERED THAT creditor's claims must be filed on or before _____ or be barred.

*Notice shall be given:

1. By publication of this order once a week for three consecutive weeks in

Name of Newspaper

the first insertion to be within 15 days from the date of this order.

2. By sending a copy of this notice to all known or reasonably ascertainable creditors.

DATE: _____

BY THE COURT:

Stockbridge-Munsee Tribal Judge

Personal Representative/Attorney

Address

*Notice to Printer – DO NOT PRINT this paragraph when publishing notice.

Stockbridge-Munsee Tribal Court

State of Wisconsin

County of Shawano

In the Matter of the Estate of:

Personal
Representative's
Statement to
Close Estate
(Informal Administration)

Case No. _____

I state that I, or a prior personal representative whom I have succeeded, have:

1. Given notice to interested persons and to creditors as required by law and that the time for filing claims has expired prior to the date of this statement.
2. a. Fully administered the above estate by making payment, settlement, or other disposition of all claims presented, expenses of administration, reasonable funeral and burial expenses, death and other taxes, except as specified below, and
b. inventoried the assets of the estate and distributed the assets to the persons entitled to them.
3. a. Sent a copy of this statement to all distributees of this estate and to all creditors or other claimants of whom I am aware, whose claims are neither paid nor barred, and
b. furnished a full account, in writing to all persons whose interests are affected.
4. Paid attorney fees of \$ _____.
5. Listed below, unpaid claims, expenses or taxes and detailed Arrangements which have been made to accommodate them: (If none, so state.)

Subscribed and sworn to before me

On _____

Signature of Personal Representative

Notary Public/Court official

Name Printed or Typed

Address

My commission expires: _____

If no other proceedings challenging this statement or otherwise involving the personal representative are pending in the court 6 months after this statement is filed, appointment of the personal representative terminates.

Name of Attorney _____

Address _____

Telephone Number _____

STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

FINAL ACCOUNT

File No. _____

I, the personal representative of this estate, certify that this Final Account is true and correct, and this estate is ready for closing.

The following is my account of the administration of this estate from _____ to _____

ATTACH SCHEDULES SHOWING DETAILS AND A LIST OF INTERESTED PERSONS (Include Addresses)

RECEIPTS	ITEMS	DISBURSEMENTS	ITEMS
Inventoried Assets	\$	Funeral Expenses (Schedule F)	\$
Added Property (Schedule A)		Debts (G)	(G)
Dividends (B)		Claims by Judgment (H)	(H)
Interest (C)		Taxes Paid (I)	(I)
Capital Gains (Losses) (D)		Interest Paid (J)	(J)
Other Receipts (E)		Administration Expenses	
		Other Than Fees (K)	(K)
		Other Payments (L)	(L)
		Distributions Paid to Date (M)	(M)
		TOTAL DISBURSEMENTS	\$
		Assets on Hand (N)	\$
BALANCING TOTALS	\$		\$

Assets on Hand (Schedule N)	\$ _____
Less Requested Fees:	
Attorney \$ _____	
Personal Representative _____	
Guardian Ad Litem _____	-\$ _____
BALANCE AVAILABLE FOR DISTRIBUTION	\$ _____

Schedule O, showing the proposed distribution of the balance is attached.

Subscribed and sworn to before me

On _____

Notary Public, Wisconsin
My commission expires: _____

Signature of Personal Representative

Name (Typed)

Address

STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

AFFIDAVIT
OF MAILING

Case No. _____

I, _____ of _____
Wisconsin, being sworn, state that on _____, I mailed
properly enclosed in a postpaid envelope, a copy of

the original of which is on file

a copy of which is attached

addressed to each of the following named persons, at the address listed:

NAME

ADDRESS

Name

Address

Subscribed and sworn to before me

On _____

Notary Public, Wisconsin

My commission expires: _____

STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

IN THE MATTER OF THE ESTATE OF

ORDER GIVING NOTICE
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DATE: _____

BY THE COURT:

Stockbridge-Munsee Tribal Judge

Personal Representative/Attorney

Address

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STOCKBRIDGE-MUNSEE TRIBAL COURT

State of Wisconsin

County of Shawano

In the matter of the estate of

WAIVER AND CONSENT

File No. _____

I am 18 years of age or older and fully competent.

I am interested in this estate, consent to Informal Administration, and enter my appearance in this matter.

I have received a copy of the Last Will and Testament, if any, dated _____ and a list of all interested persons.

I consent to the appointment of _____ as personal representative of this estate and have no objection to the admission of the Last Will and Testament, if any, to probate.

TYPED NAME

SIGNATURE

DATE

STOCKBRIDGE-MUNSEE TRIBAL COURT

Mohican Nation

Stockbridge-Munsee Community

IN THE INTEREST OF:

(Minor Child's Name)

CONSENT TO TERMINATION OF
PARENTAL RIGHTS (AFFADAVIT)

(Date of Birth)

Case Number: _____

Under oath, I state:

1. My name is _____.
My address is _____.
My date of birth is _____.

2. For stepparent adoption:

- I am the mother father of this child.
- The child was was not born during a marriage with the other parent.

For non-marital, non-adjudicated alleged fathers:

- I have never been married to _____ mother of this child.
- I have never been adjudicated (formally determined by a court) to be the father of this child.
- I am aware that I am alleged to be the father of this child.
- I am not admitting to or denying that I am the father of this child.

3. I know that a petition to terminate my parental rights has been or will be filed.

4. I have been informed and understand that a court order terminating my parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as:

- Duty to support

- Right to custody and visitation
- Right to inherit

5. I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights.

6. I give up the right to know of any future hearings or proceedings in this matter.

7. I am making this decision of my own free will. No promises or threats have been made to get me to sign this document.

Subscribed and sworn before me

On _____

Notary Public, State of Wisconsin

My commission expires

Signature

Name Printed or Typed

Date

Two Witnesses: Stepparent adoptions only

Signature of Witness

Signature of Witness