



# MASHANTUCKET PEQUOT PROBATE COURT

APPLICATION  
ADMINISTRATION OR  
PROBATE OF WILL

*[Type or Print in Black Ink.]*

PB-200 Rev. 05/02  
Page 1 of 3

*[Use Second Sheet, PB-180, for additional data.]*

RECORDED:

<b>To: Mashantucket Pequot Probate Court</b>		DATE OF APPLICATION:
ESTATE OF <i>[Include all names and initials under which any asset was held.]</i>	SOCIAL SECURITY NO.	DATE OF DEATH:
		<input type="checkbox"/> WRONGFUL DEATH CLAIM
DECEDENT'S RESIDENCE AT TIME OF DEATH <i>[Include full address:]</i>	JURISDICTION BASED ON: <input type="checkbox"/> Domicile on Tribal Lands <i>[If domicile is different other than residence, please explain]</i> <input type="checkbox"/> Other <i>[Please explain other jurisdictional basis]</i>	
PETITIONER <i>[Name, address and zip code]</i>	SURVIVING SPOUSE <i>[Name, address and zip code. If no surviving spouse, so state.]</i>	

HEIRS, NEXT OF KIN, BENEFICIARIES and TRUSTEES, if any. *[Give names, addresses, zip codes and relationships.]* **If heir, indicate ancestor through whom heir takes. If beneficiary, indicate paragraph of will where interest is stated or may arise. For all minors listed, give date of birth. Indicate any person who is under legal disability or in the military service.**

**Go to page 2**

THE PETITIONER REPRESENTS that:

- Decedent left a will *and codicil(s)* herewith presented for probate, dated \_\_\_\_\_.
- Decedent, after making said will *and codicil(s)*,  had a child born, or  adopted a minor child, or  married, or  had his or her marriage dissolved by divorce or annulment. *[Explain any checked boxes on Second Sheet, PB-180]*
- The proposed fiduciary named below is **not** the primary executor named in said will or codicil. *[Explain on Second Sheet]*
- Decedent left no will.
- One or more of the children listed above or on Second Sheet, PB-180, **are not** also the children of the surviving spouse.
- Decedent owned an interest in real property other than joint survivorship in Mashantucket Pequot tribal lands at the time of death.

Decedent, or spouse or children of the decedent,  did  did not ever receive aid or care from a Tribal or State agency.  
*[If affirmative, check appropriate box(es).]*

- Tribal Social Services Dept.
- State of Connecticut
- Veterans' Home & Hospital

The estimated value of (a.) personal property is \$ \_\_\_\_\_ (b.) gross taxable estate is \$ \_\_\_\_\_  
 (c.) wrongful death claim is \$ \_\_\_\_\_.

All the foregoing data is true and complete to the best of his or her knowledge and belief, and he or she has used all proper diligence to ascertain the names and addresses of all heirs and beneficiaries. Any additional data given on Second Sheet is made a part hereof. WHEREFORE, THE PETITIONER REQUESTS that said will and codicils, if any, be approved and admitted to probate and that either letters testamentary be issued or letters of administration be granted to the below-named proposed fiduciary.

Petitioner's Signature

SUBSCRIBED AND SWORN TO BEFORE ME	DATE	Signature of Judge, Clerk, Asst. Clerk
--------------------------------------	------	--

**PROPOSED FIDUCIARY**  
 IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

- Fiduciary  is a resident of Mashantucket Pequot tribal lands.
- is not a resident of Mashantucket Pequot tribal lands.
- is a resident of the State of Connecticut.
- is not a resident of the State of Connecticut.

- Fiduciary  is a resident of Mashantucket Pequot tribal lands.
- is not a resident of Mashantucket Pequot tribal lands.
- is a resident of the State of Connecticut.
- is not a resident of the State of Connecticut.

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Go to page 3**

NAME OF ATTORNEY FOR PROPOSED FIDUCIARY:
ATTORNEY'S MAILING ADDRESS: <i>Street or P.O. Box:</i>
<i>City, State, Zip Code:</i>
ATTORNEY'S TELEPHONE NUMBER:  (      )
DATE ATTORNEY ADMITTED TO MASHANTUCKET PEQUOT TRIBAL BAR:

---

**WAIVER OF NOTICE AND OBJECTION**

Each of the undersigned represents that he or she has examined the application and related documents and hereby **WAIVES NOTICE OF HEARING** upon said application and has **NO OBJECTION** to the granting and approval thereof.

<i>Signature</i>

<i>Type or Print Name</i>

<u>FOR COURT USE ONLY</u>
FILE DATE: