

**ONEIDA LAND COMMISSION
PROBATE**

In the Matter of the Estate of:

☐ Amended (check if applies)

Docket No. _____

Decedent

Form No.: PR-01

APPLICATION FOR PROBATE ADMINISTRATION

UNDER OATH, I STATE:

1. The Decedent, with the date of birth _____ and date of death _____, and at the time of death, was an enrolled member of the Oneida Nation, domiciled within the exterior boundaries of the Oneida Nation Reservation, in _____ County, State of Wisconsin, with a mailing address of _____.
2. The Decedent's domicile was on: (select one) ☐ Tribal Trust Land ☐ Tribal Fee Land
☐ Individual Trust Land ☐ Individual Fee Land
3. I am interested as _____.
4. Other proceedings concerning the estate of the Decedent ☐ are ☐ are not pending in this state or elsewhere. Explain: _____
5. The estimated net value of Decedent's property requiring administration is \$ _____.
Please check all that apply:
☐ Decedent may have an interest in a Individual Indian Money (IIM) Account.
☐ Decedent may have an interest in Individual Trust Property.
☐ Decedent may own a home on fee land or is subject to a residential lease or land assignment.
☐ Decedent may have solely-owned bank accounts
☐ Decedent may own personal property with a value exceeding \$100 each item.
6. The Decedent
☐ did ☐ did not receive Medical Assistance/Medicaid.
☐ did ☐ did not receive Family Care and/or Partnership benefits (through a Managed Care Organization—MCO/CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from Wisconsin Chronic Disease Program.
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county.
Explain: _____
☐ I lack information to complete this section.
7. If the Decedent was ever married, complete the following: (If more than one spouse ☐ See attached.)
Name of spouse (☐ living or ☐ deceased) _____
☐ Married to Decedent ☐ Divorced from Decedent at time of Decedent's death.
The spouse ☐ did ☐ did not receive benefits from the Community Options Program (COP).
The spouse ☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.
☐ I lack information to complete this section.

(Complete Question 8 OR 9 below, whichever is applicable.)

- ☐ 8. The Decedent died leaving a ☐ will, dated _____.
☐ codicil(s) (if any) dated _____.

I believe these documents were executed properly and are valid. I made diligent inquiry and am unaware of any revocation by decedent.

The original will, including any codicil(s),

- ☐ is in the possession of the Oneida Land Commission.
☐ accompanies this application.
☐ was probated elsewhere and an authenticated copy accompanies this application.

The personal representative(s) named by the Decedent in the will and/or any codicil is:

Name(s) _____

I nominate _____ to serve as personal representative(s).

The trustee(s) named by the Decedent in the will and/or any codicil is:

Name(s) _____

I nominate _____ to serve as trustee(s).

- ☐ 9. I made diligent inquiry and am unaware of any unrevoked will of the Decedent and believe that the Decedent died leaving no will.

I nominate _____ to serve as personal representative(s).

10. The names and mailing address of all interested persons are:

(For any person with disabilities, also list any guardian of estate, for any person in the military, also list attorney or attorney-in-fact for and for any minor, list date of birth.) ☐ See attached

Name	Relationship	Mailing Address	If Minor Date of Birth

☐ Continued on attached (if more space is needed).

I REQUEST:

- A. A statement of administration of probate be issued.
- ☐ B. The will, including any codicil(s) be admitted to administration of probate.
- C. Domiciliary letters be issued to _____
- ☐ D. Letters of Trust be issued to _____
for the following trust: _____

State of _____

County of _____

Subscribed and sworn to before me on this _____
day of _____, 20 _____.

Notary Public

Name Printed or Typed

My commission expires: _____

Signature of Applicant

Name Printed or Typed

Date

Address: _____

E-mail Address: _____

Telephone No.: _____