

**SAINT REGIS MOHAWK TRIBAL COURT**

**IN AND FOR THE SAINT REGIS MOHAWK TRIBE**

**In the Matter of the ESTATE OF**

**Case No.:** \_\_\_\_\_

\_\_\_\_\_,  
**deceased.**

**PETITION FOR PROBATE  
(WITH WILL)**

The Petitioner(s) allege(s) the following:

1. Petitioner(s) name, mailing address, phone number, and relationship to decedent are as follows:

(A) Name: \_\_\_\_\_

(B) Mailing Address: \_\_\_\_\_

(C) Phone Number: \_\_\_\_\_

(D) Relationship to Decedent: \_\_\_\_\_

(A) Name: \_\_\_\_\_

(B) Mailing Address: \_\_\_\_\_

(C) Phone Number: \_\_\_\_\_

(D) Relationship to Decedent: \_\_\_\_\_

2. The name, residence, date and place of death, and SRMT Tribal Enrollment information above-named decedent are as follows:

(A) Name: \_\_\_\_\_

(B) Date of Death: \_\_\_\_\_

(C) Place of Death: \_\_\_\_\_

(D) Residence: \_\_\_\_\_

(E) SRMT Enrollment Number: \_\_\_\_\_

3. The Petitioner(s) request that the Will(s) dated \_\_\_\_\_  
witnessed by \_\_\_\_\_ and/or codicils dated \_\_\_\_\_  
and witnessed by \_\_\_\_\_ be entered to probate.

4. The beneficiaries (those individuals given real or personal property in the Will and/or codicil) are the following individuals and their mailing addresses are the following:

Name

Mailing Address

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5. If any persons listed above are minors or persons under disability, please include the following information:

Name

Mailing Address

Name and Address for Guardian

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6. The decedent [ ] did not or [ ] did leave immediate family out of the Will and/or codicil (check applicable answer). If the decedent left out immediate family please list the name(s) and mailing address(es) for any of the decedent's surviving immediate family that were not included in the Will and/or codicil.

Name

Mailing Address

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7. If any persons listed above are minors or persons under disability, please include the following information:

Name	Mailing Address	Name and Address for Guardian

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Date	Petitioner's signature

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Date	Petitioner's signature