

IN THE SOUTHERN UTE INDIAN TRIBAL COURT ON THE SOUTHERN UTE INDIAN RESERVATION, COLORADO 149 CR 517; PO Box 737 Ignacio, CO 81137 Phone: (970) 563-0240 Fax: (970) 563-9570	
IN THE INTEREST OF THE ESTATE OF: _____; <p style="text-align: center;">Deceased</p>	▲COURT USE ONLY▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case No: _____-PR-_____
PETITION TO PROBATE ESTATE	

NOW COMES, Mr./Ms. _____ hereby respectfully petitions this Honorable Court to open a probate case, pursuant to Title IX of the Southern Ute Tribal Code

1. In support of this requests the following information is provided:
 Petitioner is a(n): Heir Creditor Other _____ of the Decedent.

2. Decedent WAS WAS NOT a resident of the Southern Ute Indian Reservation.

3. Decedent WAS WAS NOT an enrolled member of the Southern Ute Indian Tribe.

4. Decedent HAS DOES NOT HAVE assets located within the exterior boundaries of the Southern Ute Indian Reservation.

5. Decedent lived on an allotment or an assignment within the exterior boundaries of the Southern Ute Indian Reservation. If yes, check one: N/A Allotment or Assignment and list physical address:

6. Decedent departed this life on or about the _____ day of _____ 20____.
[Please provide a certified copy of the death certificate].

7. Decedent is believed to have died leaving No A Last Will and Testament.
[Please attach copy of the Last Will and Testament if available].

8. Decedent's estates consist of the following known property: [List any vehicle; property, both personal and real; bank accounts; etc., attach additional sheet(s) if necessary]. _____

9. Decedent was was not married at the time of death.

Name of decedent's spouse: _____

Address of spouse: _____

10. Decedent had not have (the following) child(ren) living and deceased, natural or adopted. If applicable, list the child's name and provide the following information, also indicate if the child is still a minor. Attach additional sheet(s) if necessary.

Appointment of a Personal Representative will be made at initial hearing of Probate.

NAME	RELATIONSHIP TO DECEDENT	MINOR
_____ Living _____ Deceased _____	Child Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	Child Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	Child Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	Child Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	Child Address: _____ _____	(YES) (NO)

11. The grandchildren, both living and deceased, natural and adopted, of the above named individuals listed as are: [attach addition sheet(s) if necessary]

NAME	RELATIONSHIP TO DECEDENT	MINOR
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)
<hr/> Living _____ Deceased _____	Grandchild Address: <hr/> <hr/>	(YES) (NO)

12. Decedent's parents, brothers, sisters, or known living relatives are [attach addition sheet(s) if necessary]:

NAME	RELATIONSHIP TO DECEDENT	MINOR
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)
_____ Living _____ Deceased _____	_____ Address: _____ _____	(YES) (NO)

RESPECTFULLY SUBMITTED this _____ day of _____, 20____.

Petitioner's Name (Printed)

Mailing Address

City State Zip
(_____)

Phone: Home Cell Work

Email

THIS DOCUMENT MUST BE SIGNED IN FRONT OF A NOTARY OR COURT CLERK

I, the above name petitioner, swear that the information contained in the petition is true and correct to the best of my knowledge.

Petitioner's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____.

Notary/Court Clerk

Date

(Seal)

My commission expires: _____