

CONFEDERATED SALISH & KOOTENAI TRIBAL COURT

APPLICATION FORM FOR DISBURSEMENT PROBATE

1. Applicant:

Name: _____

Address: _____

Phone #: _____ Relationship to Deceased: _____

Are you seeking appointment as Personal Representative? Yes No

2. Deceased:

Name: _____

Residence: _____

Date of Birth: _____

Date of Death: _____

Social Security #: _____

Tribal UO #: _____

3. Was the Deceased married at the time of death? Yes No

Name of Spouse: _____

Names of children of this marriage: _____

Did the Deceased have other children? _____

Names of those children: _____

4. Did the Deceased have a will? Yes No

If so, where is the will? _____

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Have you looked for a will? _____

Will filed with the Court? _____

5. List of potential heirs, beneficiaries, and distributees:

Name: _____

Name: _____

Address: _____

Address: _____

Relationship
to deceased: _____

Relationship
to Deceased: _____

Name: _____

Name: _____

Address: _____

Address: _____

Relationship
to deceased: _____

Relationship
to Deceased: _____

Name: _____

Name: _____

Address: _____

Address: _____

Relationship
to deceased: _____

Relationship
to Deceased: _____

6. Did the Deceased have trust property and/or have a homesite lease? No Yes

If yes, where is the trust property and/or homesite located? _____

NOTE: Applicants must serve **CSKT Lands Department** **NOTICE OF THIS PROBATE PROCEEDING** in all cases regardless of whether the Deceased had property located on the Flathead Reservation or other tribal jurisdiction.