

CHEROKEE NATION
Real Estate Services

Application for Probate of Individual Indian Land

I, the undersigned applicant, do hereby make application to the Cherokee Nation Real Estate Services for a probate on the restricted Indian Lands of _____, Citizen ID No. _____.

Applicant agrees to pay the costs of said probate, before the filing thereof, in the approximate sum of \$400.00 (said costs being filing fees, publications, etc.) unless other grant funds are available for probate fees. Payment shall be in the form of cashiers check or personal check made payable to Cherokee Nation.

I understand that copies of the following items are also needed in order to complete the probate application and be placed on the waiting list:

- 1. Proof of Death and Heirship (copy attached – please notarized after completion)**
- 2. Decedent’s Will (if one exists)**
- 3. Certified Copy of Decedent’s Death Certificate**

In application hereof, Applicant declares and states that the following information is true and correct to the best of Applicants knowledge and belief:

Applicant Name: _____

Tribe (please list all tribes, if more than Cherokee: _____

DOB: _____ Telephone No: _____

Mailing Address: _____

REAL PROPERTY INFORMATION

Legal Description of Restricted Property:

Legal Description of Unrestricted Property:

Other Property:

DATED: _____

Signature of Applicant

Interviewed by: _____

PROOF OF DEATH AND HEIRSHIP

1. I, _____ of _____ states
 (Your Full Name) (Complete Mailing Address)

2. that I am one of the heirs at law or legatees of _____

3. citizen of the _____ Tribe, Roll No. _____ who died a legal resident of

4. _____ in the State of _____, being _____
 (Town/County)

5. years of age at the time of death. Date of Death: _____ 20 _____

6. Was the decedent named on Line 2 ever married? _____. If yes, show each husband/wife
 Below in order of their marriage: (Yes or No)

7. Name of Spouse, Tribe & Roll No. If deceased, date of death. If divorced, write divorce and date*

1st _____
 2nd _____
 3rd _____
 4th _____

Did the decedent ever have any children, natural or adopted: Yes or No
Please list ALL children, including biological, adopted, illegitimate or deceased.

NAME OF CHILD	TRIBE(s) Citizen No.	OTHER PARENT	DATE OF DEATH	If living current address/ if deceased address at time of death

Are any of the decedent's children deceased? Yes or No
If any of the decedent's children are deceased, please list their spouses and their children. _____

Name of Spouse	Tribe(s) Citizen No.	Divorce/Date of Death	If living current address/if deceased address at time of death

Name of Child	Tribe(s) Citizen No.	Other Parent	DOD	If living current address/if deceased address at time of death

Name of deceased child

Name of Husband or wife

Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death

Name of deceased child

Name of Husband or wife

Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death

Name of deceased child

Name of Husband or wife

Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death

Name of parents of decedent named on Line 2	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of birth.
Father					
Mother					

Name all brother and sisters of the decedent named on Line 2 , whether enrolled or not, including half brothers and sisters, whether living or dead, and give the information called for in the blank forms. If half brother or sister STATE WHETHER MATERNAL OR PATERNAL. Complete items 18 through 22 only if decedent died without issue

Name brother or Sister	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death

State below IF ANY DECEASED BROTHERS OR SISTERS HAD SPOUSE AND/OR CHILDREN. Name each one, whether living or dead, and give the information called for in the blank form. (If additional space is required, use a separate sheet of paper.)

Name of deceased child

	Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death
Name of Husband or wife						
Name of deceased child						

	Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death
Name of Husband or wife						
Name of deceased child						

	Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death
Name of Husband or wife						
Name of deceased child						

	Name of husband or wife and children	Age	Tribe	Citizen No.	If dead Date of Death	If living, present address, If deceased, address at date of death
Name of Husband or wife						

Did the Decedent have a **LAST WILL AND TESTAMENT? YES or NO**

If YES, where is the Original Last Will and Testament located: _____

PLEASE FURNISH THE CHEROKEE NATION REAL ESTATE SERVICE DEPARTMENT WITH THE ORIGINAL/COPY OF THE LAST WILL AND TESTAMENT.

Did the decedent have an IIM/Individual Indian Monies Account? **YES or NO**

If YES, please list the account number (if you know it): _____

_____, APPLICANT, is of lawful age, being first duly sworn according to law, states that he/she has read the above and foregoing Proof of Death and Heirship and knows the contents thereof; that is true and correct to the best of their knowledge.

Applicant

SUBSCRIBED and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Commission No. _____