



HOOPA VALLEY TRIBAL COURT
PO Box 1389 Hoopa, CA 95546 (530) 625-4305

IN RE THE PROBATE OF THE ESTATE OF:)

_____)

D.O.D. _____)

_____)

_____)

_____)

PETITIONER(s))

CASE NO.

PETITION FOR DETERMINATION OF
HEIRS AND DISTRIBUTION OF THE
ESTATE

CERTIFICATION AND DECLARATION OF ADMINISTRATOR

I, _____, am the Administrator of the Estate of
_____, and I am petitioning the Court for an Order for the
determination of heirs, the determination of payments for claims against the estate, and distribution of the
estates as required by HVTC 2.1.05. I declare the following to be true:

1. I am the surviving spouse of the deceased, OR
 a surviving child of the deceased, OR
 an heir of the deceased, OR
 a creditor of the deceased, OR
 the legal representative of the Hoopa Valley Tribe.
2. The deceased, _____, died on _____ in the
city of _____, _____ County, California. (A copy
of the Death Certificate is attached here as Appendix A).

3. The deceased did leave a will. (Appendix B), OR

did not leave a will.

4. I am qualified to serve as the personal representative/executor/administrator of the estate of

_____.

5. Pursuant to the will, the following people will receive property:

[ATTACH SHEET IF YOU NEED MORE ROOM TO LIST NAMES] OR

There is no will, and, to the best of my knowledge, the following are all of the heirs of the deceased, as certified by the tribal official in charge of tribal census records (Appendix C):

[ATTACH SHEET IF YOU NEED MORE ROOM TO LIST NAMES]

6. The following is the nature and extent of the decedent's property, both real and personal:

[ATTACH SHEET IF YOU NEED MORE ROOM]

7. The following is a list of debtors who owe money to the deceased, and the amount they each owe:

[ATTACH SHEET IF YOU NEED MORE ROOM]

8. The following is a list of all claims against the estate of the decedent, and to my knowledge there are no other claims:

[] expenses relating to last illness owed to _____ in the amount of _____.(attach sheet if more than one bill due for this expense)

[] expenses relating to funeral and burial of decedent, owed to _____ in the amount of _____ (attach sheet if more than one bill due for these expenses)

[] expenses relating to the administration of the estate, _____, in the amount of _____

[] all other claims and the amounts owing:

[ATTACH SHEET IF YOU NEED MORE ROOM]

RELIEF REQUESTED

The Administrator requests this Court to enter an Order Determining the Heirs to the estate of _____, and distribute said estate as follows:

[] under the terms of the will:

[ATTACH SHEET IF YOU NEED MORE ROOM]

[] in that there is no will, in the following order, according to the laws of the Hoopa Valley Tribe:

[] to the surviving spouse, as proved by a copy of the marriage certificate attached hereto, the following property:

[] if there is no surviving spouse, to the surviving children listed herein:

[] if there is no surviving spouse, and there are no surviving children, according to the laws of the Hoopa Valley Tribe on descent and distribution, to the following:

I CERTIFY under penalty of perjury that the allegations herein are true to the best of my knowledge.

DATED _____

Petitioner Signature

Print Name