**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS**

**DISTRICT OF NAY-AH-SHING**

|  |
| --- |
| **IN THE COURT OF CENTRAL JURISDICTION** |

|  |  |
| --- | --- |
| In the Matter of the Estate of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,    Decedent | Case File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RECEIPT FOR DISTRIBUTION**  **OR PAYMENT OF CLAIM** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Beneficiary or Creditor’s Name) (Personal Representative’s Name)

Personal Representative of the above-named Estate has distributed to me the below-listed property or paid the below-listed claim:

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient’s Name** | **Item Received or Claim Paid** | **Amount** | **Date Received/Paid** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

Check here if additional pages attached:

Dated:

Beneficiary or Creditor’s Signature

Name Printed