

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS  
DISTRICT OF NAY-AH-SHING**

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**IN THE COURT OF CENTRAL JURISDICTION**

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In the Matter of the Estate of:

\_\_\_\_\_ ,

Decedent.

**AFFIDAVIT FOR COLLECTION OF  
PERSONAL PROPERTY**

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TO THE HONORABLE JUDGE OF THE ABOVE-NAMED COURT:

I, respectfully state that:

1. My name is: \_\_\_\_\_ .
2. My address: \_\_\_\_\_ .
3. Decedent died on \_\_\_\_\_, at \_\_\_\_\_ .  
(Date of Death) (City, State)
- A certified copy of Decedent's death certificate is attached to this Affidavit.
4. I am the successor of the Decedent and I have legal standing to complete this form because:  
\_\_\_\_\_  
\_\_\_\_\_
5. The value of the probate estate, determined as of the date of death, wherever located, including the contents of any safe deposit box, less liens and encumbrances, does not exceed \$75,000.
6. Thirty (30) days have elapsed since the death of the Decedent, or in the event the property to be delivered is a safe deposit box's contents, thirty (30) days have elapsed since the filing of an inventory of the box's contents.
7. No petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

8. I, as claiming successor, am entitled to payment or delivery of the following described property or funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have personally served or mailed written notice to all the Decedent’s other successors identify my claim and describing the property claimed. At least ten (10) days have passed since the service or mailing of such notice.

I am entitled to full payment or delivery of the property claimed on my own behalf, and on behalf of any other successor from whom I have obtained a written authorization which is attached to this Affidavit.

**I declare under penalty of perjury as set forth in 24 MLBSA § 1204 that everything I have stated in this document is true and correct.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Printed name of person completing form)

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
E-mail Address

STATE OF MINNESOTA            )  
  )  
COUNTY OF                            )  
\_\_\_\_\_                                    )

ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public within  
and for the State of Minnesota, personally appeared \_\_\_\_\_, to me

known to be the person described in and who executed the foregoing instrument and acknowledged that s/he executed the same as her/his free act and deed, and stated to the undersigned that the

contents of the foregoing instrument are true and correct to the best of her/his knowledge, information and belief.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public