**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