OHA-7 Final V1.3

2011 Probate Number: P

UNITED STATES DEPARTMENT OF THE INTERIOR OFFICE OF HEARINGS AND APPEALS HEARING DIVISION

DATA FOR HEIRSHIP FINDING AND FAMILY HISTORY

NAME OF DECEDENT (Give all I	names by wh	nich de	cedent	t was kı	nown):								
Decedent SSN:		II	M Acc	ount N	umber:								
Sex:Tribe:	Sex:and Allotment or Indian												
Deg. of Blood:													
Additional Numbers: TRIBAL ENF	ROLLMENT	NUMB	ER -					_					
Date of Birth:		С	ertifica	ite Atta	ched:			_					
Date of Death:	Plac	ce:								C	ertif	icate Attached:	
Last Place of Residence:													
Death Determined to be:								_					
MARRIAGES												- " • • • • •	
Names		Married			Date of Birth	Date Dea			Divo			Tribe & AL / ID # or Non-	Degree of Blood
	Date		How		Diltil	De	аш	Da	te	How		Indian	
NEVER MARRIED													
CHILDREN													
CHILDREN				_							_	Tribe & AL /	
Names	WI/WOI	Sex		te of rth	Name of Other Pa			arent		Date of Death		ID # or Non- Indian	Degree of Blood
NONE													
CHILDREN OF DECEASE	D CHILD	REN											
Names	WI/WOI	Sex		te of irth	N	ame of I	Both P	arents		Date of Death		Tribe & AL / ID # or Non- Indian	Degree of Blood
NA													
PARENTS													
Names	WI/WOI	Mar Da		Date Bir		ate of eath		rced ate		orced low		ribe & AL / ID # or Non-Indian	Degree of Blood
BROTHERS AND SISTER	S												
Names	WI/WOI	Sex		te of rth	Nan	nes of B	oth Pa	rents		Date of Death		Tribe & AL or ID#	Degree of Blood

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CHII	DRFN	OF	DECEA	SED	BROTHERS	ΔND	SISTERS
		VI.			DIVOTILIVO		010 I L110

Names	WI/ WOI	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribe & AL or ID#	Degree of Blood

GRANDPARENTS

Names	WI/	Married	Married	Date of	Date of	Divorced	Divorced	Tribe & AL	Degree of
	WOI	Date	How	Birth	Death	Date	How	or ID #	Blood
NA									

COLLATERAL RELATIVES

Names of Nearest Relatives Who Survived Decedent	WI/ WOI	Date of Birth	If Dead, Give Date and Surviving Family	Names of Both Parents	How Related Degree	Ancestry	Tribe & AL or ID #	Degree of Blood

ADDITIONAL INFORMATION

\A/II I	INFORMATION	

Date will was executed: (Give date and forward all copies to Administrative Law Judge. If no will, indicate "None." Please list all wills executed by decedent in inverse order of execution.)

SCRIVENER/WITNESSES/NOTARY TO LATEST WILL AND ADDRESSES

Names	Address

BENEFICIARIES

Names of Beneficiaries	Date of Birth	Tribe & AL	How Related	Deg. of Blood	Ī
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PERSONAL	PR	OPERTY									
Account	1	D Balance	DOS Baland	ce DOH Baland	ce Description 8	& Source		Where	Dep	osited	
REAL PRO	PER	. TY (List atta	ached sheet nu	umber. If none, in	dicate "None".)						
# of T	racts		(To be FURNI	SHED BY Area Tit	tle Offices or appropri	ate entity Reserva	ation Code)		Es	timated Va	lue
<u>[</u>											
ADOPTION	S										
Give names, danumber and pa	ates of	of adoptions, adoption, so	whether tribal indicate.)	court, names of n	atural parents and add	optive parents with	h blood quar	ntum of b	ooth.	(If there is	a volume
Names		Date of Adoption	Tribal Court	Adoptive Mothe	r Adoptive Father	Natural Mother	Natural	Father		Volume No.	Page No.
CLAIMS											
Claimant					Addre	ess				Amo	unt
NA											
INTERESTE	ED P	ARTIES.	BENEFICIA	ARIES. CREDI	TORS, AGENCIE	S. WITNESSI	ES				
Give names, a	nd ad	dresses of a	ll heirs at law it		ed, names and addre			sses to	will, a	igency, an	d creditors.
•		Nam			Address						

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INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES

Give names, and addresses of all heirs all fany are minors, give name and address			eficiaries, witnesses to will, agency, and creditor
Names		Address	
I hereby certify that at this date the agency as to the matters set forth.	information contained	herein is a full, true and complete	e summary of the records of this
3			
Date	Name of Pre	eparer	
Address of Preparer:			_
City, State, Zip:			_
Phone:			_