

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 names by which decedent was known): _____

Decedent SSN: _____ IIM Account Number: _____

Sex: _____ Tribe: _____ and Allotment or Indian ID No. _____

Deg. of Blood: _____

Additional Numbers: TRIBAL ENROLLMENT NUMBER - _____

Date of Birth: _____ Certificate Attached: _____

Date of Death: _____ Place: _____ Certificate Attached: _____

Last Place of Residence: _____

Death Determined to be: _____

MARRIAGES

Names	Married		Date of Birth	Date of Death	Divorced		Tribe & AL / ID # or Non-Indian	Degree of Blood
	Date	How			Date	How		
NEVER MARRIED								

CHILDREN

Names	WI/WOI	Sex	Date of Birth	Name of Other Parent	Date of Death	Tribe & AL / ID # or Non-Indian	Degree of Blood
NONE							

CHILDREN OF DECEASED CHILDREN

Names	WI/WOI	Sex	Date of Birth	Name of Both Parents	Date of Death	Tribe & AL / ID # or Non-Indian	Degree of Blood
NA							

PARENTS

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

BROTHERS AND SISTERS

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

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PERSONAL PROPERTY

Account	DOD Balance	DOS Balance	DOH Balance	Description & Source	Where Deposited

REAL PROPERTY (List attached sheet number. If none, indicate "None".)

# of Tracts	(To be FURNISHED BY Area Title Offices or appropriate entity Reservation Code)	Estimated Value

ADOPTIONS

Give names, dates of adoptions, whether tribal court, names of natural parents and adoptive parents with blood quantum of both. (If there is a volume number and page of adoption, so indicate.)

Names	Date of Adoption	Tribal Court	Adoptive Mother	Adoptive Father	Natural Mother	Natural Father	Volume No.	Page No.

CLAIMS

Claimant	Address	Amount
NA		

INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES

Give names, and addresses of all heirs at law if a will was executed, names and addresses of all beneficiaries, witnesses to will, agency, and creditors. If any are minors, give name and address of legal guardian or custodian.

Names	Address

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INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES

Give names, and addresses of all heirs at law if a will was executed, names and addresses of all beneficiaries, witnesses to will, agency, and creditors. If any are minors, give name and address of legal guardian or custodian.

Names	Address

I hereby certify that at this date the information contained herein is a full, true and complete summary of the records of this agency as to the matters set forth.

_____ Date

_____ Name of Preparer

Address of Preparer: _____

City, State, Zip: _____

Phone: _____