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

*(name of person filling out form)*

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

*(mailing street address)*

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

*(city, state, zip)*

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

*(phone #)*

**Petitioner Pro Se**

**In the \_\_\_\_ Judicial District Court of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County,**

**State of Montana**

|  |  |  |  |
| --- | --- | --- | --- |
| In the Matter of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (*name of person who died*) Deceased.  |  |  | *(To be filled in by court)*Cause No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application For Informal Probate and Appointment Of Personal Representative** |

**1**. I, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*your full name*)

am interested in the estate as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (*relationship to the deceased)*

I am not under the age of 18. My mailing address is:

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_.

**2. Decedent Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_

**3.** [ ]  A death certificate has been issued and a copy is attached.

 [ ]  No death certificate is available. Alternative documentation of the decedent’s
 death is attached.

**4**. As far as I know or could ascertain with reasonable diligence, the names and addresses of the spouse, children, devisees, and heirs of the decedent, and other interested persons, the relationship to the decedent, and the ages of who are minors are:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Address** (*if the person is a minor, write “address omitted to protect minor child’s privacy”*) | **Relationship** (*examples: “Spouse” or “Friend, Named in Will”*) | **Age** (*only if under 18*) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5.** Of the interested persons listed above, the following are under legal disability or otherwise represented and presently have or will require representation.

|  |  |  |
| --- | --- | --- |
| **Name** | **Legal Disability** | **Represented by**:*(Name, address, and Capacity)* |
|  |  |  |
|  |  |  |
|  |  |  |

**6.** [ ]  Venue is proper in this county because the decedent was domiciled in this county on the date of death.

[ ]  The decedent was not domiciled in Montana, but venue is proper in this county because property of the decedent was located in this county at the date of death.

1. The time limit of three years since the death of the decedent has not expired.
2. There are no demands for notice or any other probate proceedings for the decedent.
3. [ ]  The decedent died intestate *(without a will)* and after exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state.

[ ]  The decedent's will, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ , with codicil(s) dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , is/are offered for probate and:

[ ]  is/are attached to this application [ ]  is/are already in the court's possession.
4. To the best of my knowledge, I believe that the instrument(s) subject to this application, if any, was/were validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).

[ ]  I do not know of any personal representative of the person who died appointed in Montana or any other state.

 [ ]  The existing personal representative signed a waiver of his or her priority, which I either filed or am attaching to this Application. The existing personal representative’s address is in the waiver.

1. **Statement of Applicant’s Interest**

The clerk can make the findings required by Montana law, and may make me the estate’s personal representative because (*check all boxes that are true*):

* + I have priority under § 72-3-502;
	+ I am named as personal representative in the person’s will;
	+ I am the surviving spouse of the person who died;
	+ I am the custodial parent of the person who died;
	+ I am an heir or devisee, which means I have the right to get the person’s property under the will or under Montana law;
	+ Anyone with the same or higher priority to be personal representative of the estate has waived appointment in writing.

1. The will expressly requests that the personal representative serve:
	* Without bond
	* With bond

**I respectfully ask this Court to:**

* Informally probate the decedent’s will;
* Informally appoint the nominated personal representative;

[ ]  with bond [ ]  without bond

* Order any other relief the Court deems is just and proper.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*mm/dd/yyyy*) (*sign in front of notary public*)

STATE OF MONTANA

 :ss

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn on oath, says:
 (*your name*)

(*Rest of form to be filled in by Notary Public*)

SIGNED AND SWORN to before me on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Printed)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SEAL) Notary Public for the State of Montana

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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