

**General Instructions for filling out a Petition for Determination of Heirs:** Please print clearly. If any of the information is unknown, write in, "unknown." If anything does not apply, write in, "NA." Do not leave any line blank. If you do not provide the required information and/or all the required documentation, this may result in delay of hearing or your petition may be dismissed. Use the instructions below to fill out the petition. The instructions/explanations correspond to the same number and heading found on the petition. The *Petition for Determination of Heirs* is intended for use by any person claiming to be an heir to the decedent.

**IN THE COMMUNITY COURT  
OF THE  
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY**

In the Matter of the Determination of  
Heirs and Administration of Estate of:

Case No.: \_\_\_\_\_

**PETITION FOR  
DETERMINATION OF HEIRS  
& ADMINISTRATION OF ESTATE  
S.R.O. § 9-1**

\_\_\_\_\_,  
Deceased Person.

- 1) Information about me, the Petitioner: **Completely fill in the requested information**
- 2) The basis for the Court's jurisdiction is: **Check all the boxes that apply**
- 3) I request the Court to determine the lawful heirs of: **Completely fill in the requested information**
- 4) ☐ Decedent's death certificate is attached or ☐ I will file it 5 days prior to the hearing  
**In order for the Court to determine the heirs, the Court must have a copy of the *Death Certificate* confirming that the person is deceased.**
- 5) ☐ I request the Court to divide among the heirs the Decedent's property. **Check the box**
- 6) I request the Court to appoint a temporary Guardian or an Administrator and issue Letters to:  
**Completely fill in the requested information**
- 7) Information about the persons, whether living or deceased, who might be Decedent's heirs:  
**Completely fill in the requested information. If adding additional page(s) of names, check the box and add the page(s) after page 2 of the petition.**
- 8) Information about Decedent's personal property: Assets  
**Check the boxes that apply and fill in the associated information where applicable**
- 9) Information about Decedent's personal property: Debts owed  
**Check the boxes that apply and fill in the associated information where applicable**

*I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.*

**Sign and date before a Court Clerk or Notary Public**

Petitioner's Signature

\_\_\_\_\_  
Date

Signed and Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Court Clerk or Notary Public

**IN THE COMMUNITY COURT  
OF THE  
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY**

In the Matter of the Determination of  
Heirs and Administration of Estate of:

Case No.: \_\_\_\_\_

**PETITION FOR  
DETERMINATION OF HEIRS  
& ADMINISTRATION OF ESTATE  
S.R.O. § 9-1**

\_\_\_\_\_  
Deceased Person.

**1) Information about me, the Petitioner:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
Street Name City State ZIP

Is the above address within SRPMIC? yes no (circle one)

☐ I am a heir of the Decedent; my relationship to the Decedent is: \_\_\_\_\_

**2) The basis for the Court's jurisdiction is: (check all that apply)**

- ☐ The Decedent died without a Will  
☐ Decedent left property situated in SRPMIC  
☐ At the time of death, Decedent lived in the SRPMIC

**3) I request the Court to determine the lawful heirs of:**

Decedent's full legal name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_  
Month Day Year Month Day Year

Residence at time of death: \_\_\_\_\_  
Street Name City State ZIP

Is this address within SRPMIC? yes no unknown

Decedent's marital status at time of death: married single divorced unknown (circle one)

Tribal affiliation and enrollment number: \_\_\_\_\_

4) ☐ Decedent's death certificate is attached or ☐ I will file it 5 days prior to the hearing

5) ☐ I request the Court to divide the Decedent's property among the heirs.

6) I request the Court to appoint a temporary Guardian or an Administrator and issue Letters to:

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

Address: \_\_\_\_\_  
Street Address City State ZIP

Is the above address within SRPMIC? yes no (circle one)

Tribal affiliation and enrollment number: \_\_\_\_\_

☐ This person consents to act and understands that the Court may require a bond

**7) Information about the persons, whether living or deceased, who might be Decedent's heirs:**

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

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Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

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Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Is this address within SRPMIC? yes no Is this person living? yes no

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☐ Check here if additional names are attached

**8) Information about Decedent's personal property: Assets**

- ☐ Home located at: \_\_\_\_\_  
                                 *Street Name*                                 *City*                                 *State*                                 *Zip*
- ☐ Bank accounts; list bank or financial institution's name and type of account and approximate value  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Federal or State income tax return amount? \_\_\_\_\_
- ☐ Pay check, provide address and telephone number of employer  
 \_\_\_\_\_
- ☐ SRPMIC per capita
- ☐ Vehicles, provide make and model of each vehicle that Decedent owned and approximate value  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ other personal property, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9) Information about Decedent's personal property: Debts owed**

- ☐ Mortgage; home is located at: \_\_\_\_\_  
   *Street Name*   *City*   *State*   *Zip*
- How much is still owed? \$ \_\_\_\_\_ What are the monthly mortgage payments? \$ \_\_\_\_\_
- ☐ Vehicle how much is owed? \$ \_\_\_\_\_ To whom? \_\_\_\_\_
- ☐ Taxes      State taxes due? \_\_\_\_\_ Federal taxes due? \_\_\_\_\_
- ☐ Hospital bills
- ☐ Unpaid funeral or burial expenses
- ☐ List any other known debts that the Decedent may have had: \_\_\_\_\_
- 

*I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.*

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**Petitioner's Signature**

Date \_\_\_\_\_

Signed and Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Court Clerk or Notary Public**