IN THE ISLETA TRIBAL COURT ISLETA, NEW MEXICO

CASE NO		
	PETITION FOR PROBATE OF EST AND APPOINTMENT AS	
CON	MES NOW the Petitioner	, and states the following:
	the following relationship with the decede the Administrator of the Estate. (Check of	ent (person who died), which qualifies me one of the boxes below)
	Surviving spouse	
	If you are not the spouse, is there a sur	rviving spouse? \(\superstack{\substack}\) Yes \(\superstack{\substack}\) No
	Child: [daughter] [son] (circle one)	
	Other relative (specify): Interested person (specify interest in ma	
		· · · · · · · · · · · · · · · · · · ·
	iority of persons seeking appointment as	s Administrator (in order of priority):
	Surviving spouse of the decedent;	a Alexanda
2)	If there is no spouse, or the spouse decidecedent's children have equal priority	
3)	If decedent has a deceased child, the de	
3)	have an equal priority for appointment;	
4)	If there are no spouse or children, de	
~	priority for appointment;	
5)	If there are no spouse, children, or paisters have equal priority for appoin	
	brothers or sisters has died, the childre	
	an equal priority for appointment);	on on the decoused storing(s) this have
6)	An <u>interested person</u> may also serve as	an Administrator and has priority after
	all of the persons listed above.	
dec hin	ote: A person who has highest or equal peline to serve and confer his/her relation/her to serve as Administrator, but liministrator must be at least 18 years orve.	ive priority upon another, nominating this must be done in writing. The

jurisdiction of the Isleta Tribal Court.

- 4. Petitioner has made a careful search for a will of the decedent and has been unable to find any such will and, therefore, represents to the Court that the decedent died without a will.
- 5. The following is a list of decedent's heirs (or next of kin), <u>including myself</u>, any spouse, children, and other heirs.

Petitioner's Name:	Phone:		
Address:			
	Age (if a minor):		
Full Name:	Phone:		
Address:			
Relation to decedent:	Age (if a minor):		
	Phone:		
Address:			
Relation to decedent:	Age (if a minor):		
T. 11.37	D.		
	Phone:		
Address:			
Relation to decedent:	Age (if a minor):		
Full Name:	Phone:		
Address:			
	Age (if a minor):		
Full Name:	Phone:		
Address:			
	Age (if a minor):		

- 6. I do not know of any other probate action in this matter, nor has an administrator or personal representative been appointed either in New Mexico or any other jurisdiction.
- 7. That it is necessary to administer the estate of the decedent and appoint an Administrator for this purpose and that Petitioner is competent and qualified to administer this estate.

WHEREFORE, Petitioner requests that the Court:

- 1. Appoint Petitioner as the Administrator of the decedent's estate;
- 2. That decedent's estate be probated pursuant to the law;
- 3. Issue Letters of Administration to Petitioner;

4.	Schedule this matter for a hearing <i>and</i> send notice to all persons I have listed who are heirs of the decedent; and								
5.	Order other such relief as this court believes to be appropriate.								
	reby certify that the information I hawledge and belief.	ave provided above is true	e, and correct to the best of m	v					
	Print Name of Petitioner	Signature of Petitioner	Date						
Sub	escribed and Sworn before me this _	day of	, 20						
		No	Notary Public						
Му	Commission Expires on:								

CONSENT TO PETITIONER'S APPOINTMENT AS ADMINISTRATOR

If any surviving heir has equal or higher priority than you for appointment as Administrator,

you must have each heir sign below to show their consent to your serving as Administrator. I ______, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: _____ City/State/Zip:____ _____, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: _____ City/State/Zip:_____ _____, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: _____ City/State/Zip:____ _____, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: City/State/Zip: _____, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: _____ City/State/Zip:_____ I ______, hereby consent to the appointment of the personal representative listed above. Signature: _____ Relationship to decedent: _____ Street Address: _____ City/State/Zip:____