

STATE OF MAINE

_____ County Probate Court

Docket No. _____

Estate of _____
Deceased

Application for Informal Probate
of Will or Appointment of
Personal Representative
Under a Will or Both

Attorney for Applicant, if any

Name

Address

Zip Code

Telephone No. _____

1. Name and telephone number of applicant:

2. Address of applicant:

3. Legal interest of applicant in estate ¹ (e.g., personal representative named in will, surviving spouse, domestic partner, devisee, etc.):

4. Full legal name of decedent:

5. Date of decedent's death:

6. Date of decedent's birth:²

7. Domicile of decedent at date of death:

8a. Names and addresses of spouse, registered domestic partner, children and other heirs:³

Name	Address	Date of Birth ⁴ if Under 18	Relationship to decedent:
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8b. Is there a domestic partner (non-registered)?⁵ YES ____ NO ____ If yes, give name and address:

9. Names and addresses of devisees:⁶

10(a). Does the probate estate contain real estate in Maine? YES ____ NO _____. If yes, list each municipality and county in which such real estate is located. NOTE: Do not list jointly held property which passes by survivorship.

10(b). Does the residuary estate contain real estate? YES ____ NO _____.

11. Was decedent domiciled outside of Maine at date of death? YES ____ NO _____. If yes, identify here decedent's property which was, at the time of decedent's death, or has since then been located in this county, and state whether probate proceedings have been commenced elsewhere with respect to this estate.⁷

12. Has a personal representative of the decedent been appointed by any court prior to this date whose appointment has not been terminated? YES ____ NO _____. If yes, state that person's name and address.

13. Did decedent die more than three years before the date of this petition? YES ____ NO _____. If yes, state here the circumstances which authorize commencing this proceeding.⁸

14. Has the applicant received a demand for notice or is the applicant aware of any demand for notice of any probate or appointment proceeding concerning the decedent that may have been filed in this state or elsewhere?⁹
YES ____ NO _____. If yes, list name and address of person demanding notice.

15. I request the Court to give notice of this filing to the heirs and devisees listed in items 8a, 8b and 9 and if the decedent was 55 years of age or older, to the Department of Health and Human Services and to the following other persons:¹⁰

16. Check if desired:

_____ Pursuant to Rule 80B(a), I request the register to publish notice to creditors.¹¹

17. The decedent's will dated _____ and codicils dated _____ are filed herewith or ¹²

To the best of my knowledge, I believe the will was validly executed, and, after the exercise of reasonable diligence, I am unaware of any instrument revoking the will, and I believe the instrument which is the subject of this petition is the decedent's last will.

18. Name and address of the personal representative whose appointment is sought. (Designate mailing and legal addresses if they are different.):

19. Is the person described in item 18 a person named as personal representative in the will? YES ____ NO _____. If no, state the basis of his priority.¹³

20. Check one:

_____ No bond is required.¹⁴

_____ A personal representative's bond is required and is attached.¹⁴

_____ An estate tax bond is required and is attached.¹⁵

21. REQUEST FOR ACTION BY REGISTER

check (a) or (b) or both:

___ (a) I ask the register to allow probate of this will.

___ (b) I ask the register to appoint the personal representative listed in item 18.

22. Verification

Under penalty of perjury, I, the undersigned applicant, state as follows:

(a) All of the foregoing facts and statements are complete and accurate as far as I know or am informed.

(b) I understand that by executing this verification I submit personally to the jurisdiction of this court in any proceeding for relief from fraud relating to this application or for perjury that may be instituted against me.¹⁶

Dated _____

Applicant or Attorney

Fees due upon filing:

Filing Fee \$ _____
Surcharge \$ _____

Mailing Notices \$ _____
Abstracts \$ _____

Notice to Creditors \$ _____
Other \$ _____

¹ All statutory references are to Title 18-A MRSA. See § 1-201 (20).

² If exact birth date is unknown, give age in years of decedent at date of death.

³ See § 1-201 (17). Relationship of all heirs to decedent should be stated and explained: *e.g.*, “spouse,” or “nephew, son of (name) predeceased brother”.

⁴ Age is required by law if person listed is a minor. If person listed is an adult (i.e. has attained 18 years of age) the letter “A” may be inserted in place of the person’s age. See § 3-301 (a) (1) (ii).

⁵ See § 1-201(10-A)

⁶ “Devisees” include persons receiving real or personal property. See § 1-201 (7), (8).

⁷ See § 3-201.

⁸ See § 3-108.

⁹ See § 3-301 (a) (1) (v).

¹⁰ The request in this item, accompanied by proper information and fees, fulfills the moving party’s duty to give notice pursuant to §§ 3-306 and 3-310. Applicant should list all persons to whom notice must be sent, including persons who have filed a demand for notice pursuant to § 3-204. Include address for any person whose address does not appear elsewhere in this form.

¹¹ If this is not checked, the personal representative must publish his own notice.

¹² See § 3-301 (a) (2) (I) for alternate allegations.

¹³ See § 3-203.

¹⁴ See § 3-603.

¹⁵ See 36 MRSA § 4079

¹⁶ See §§ 1-310 and 3-301 (b).

MARP