

STATE OF MAINE

_____ COUNTY PROBATE COURT

Location of Court

DOCKET NO. _____

Estate of _____

Deceased

APPLICATION FOR INFORMAL
APPOINTMENT OF SPECIAL
ADMINISTRATOR¹

Attorney for Estate, if any

Name

Address

Zip Code

Telephone No. _____

1. Name, address and telephone number of applicant.

2. Applicant has the following interest in this estate. ²

3. Date of decedent's death.

4. Domicile of decedent at date of death.

5. Was decedent domiciled in this county at date of death? YES ____ NO _____. If not, venue is based on the following facts. ³

6. Name and address of person sought to be appointed. (Designate mailing and legal addresses if they are different.)

7. Did decedent leave a will which has been or will be presented for probate? YES ____ NO _____. If yes, is the person sought to be appointed named as personal representative in the will? YES ____ NO _____. If not, explain why not.

8. A bond is required and attached. ⁴

To protect this estate prior to the appointment of a general personal representative or following termination of a prior appointment of a general personal representative, it is necessary to appoint a special administrator.

Wherefore, applicant requests that the person named in item 6 be informally appointed special administrator of this estate.

Dated _____

Applicant

STATE OF MAINE

Dated _____

_____ COUNTY

Before me, this day personally appeared _____, known to me to be the applicant in the foregoing application, who stated the foregoing facts under penalty of perjury and acknowledged the genuineness of the signature affixed to the application and that it was affixed as the free act and deed of the applicant.

Notary Public/Register of Probate/Attorney at Law

Typed or printed name of officer taking oath

ACCEPTANCE OF APPOINTMENT

I, the undersigned, accept this position of official trust and personal liability for any violation of that trust and submit to the personal jurisdiction of this court.

Dated _____

Special Administrator

¹ See 18-A MRSA §§ 3-614 and 3-615.

² See 18-A MRSA § 1-201 (20).

³ See 18-A MRSA §3-201.

⁴ See 18-A MRSA § 3-603. You may use form DE-403.

APPOINTMENT

The foregoing application appears to be in proper form. I hereby appoint _____
_____ to be special administrator of the estate of _____
deceased, subject to his acceptance and filing of any required bond. The special administrator shall have the powers and duties set forth in 18-A MRSA § 3-616.

Dated _____

Register of Probate

MARP