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STATE OF MAINE

	COUNTY PROBATE COURT	DOCKET NO		
Estate of Decedent		APPLICATION FOR INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE (INTESTATE)		
1.	Full legal name of Applicant:			
2.	Address and telephone number of Applicant:			
3.	Legal interest of Applicant in Estate ¹ (Check all that apply): □ Surviving spouse □ Domestic partner □ Heir (e.g. child, parent, etc.) □ Creditor □ Other			
4.	Name and address of Personal Representative whose appointment is sought (Designate mailing and legal addresses, if they are different.):			
5.	The person listed in item 4 has the following relationship to Check one: Surviving spouse Domestic partner Other heir (e.g. child, parent, sibling, etc.) Creditor State tax assessor	Decedent:		
6.	The following person(s) have a prior or equal right to appoin	ntment: ² Explain.		
7.	Full legal name of Decedent:			
8.	Date of Decedent's death:			
9.	Date of Decedent's birth (or approximate age if date of birth	is unknown):		
10.	Domicile (i.e. town/city of permanent residence) of Deceder	at at date of death:		

11a. Names and addresses of spouse, registered domestic partner, children and other heirs:³

Name	Address	Date of Birth (if Under 18) ⁴	Relationship to Decedent		
11b. Is there a domestic par	rtner (non-registered)? ⁵ : YES \(\square\) NO [☐ If yes, give name and address	es.		
12. Does the probate estate contain real estate in Maine? YES □ NO □ If yes, list each municipality/town/city and county in which such real estate is located. NOTE: Do not list jointly held property that passes by survivorship (i.e. nonprobate property).					
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12. 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. ⁶					

12. Has a personal representative of the Decedent been appointed by any court prior to this date whose appointment

has not been terminated? YES \square NO \square If yes, state that person's name and address.

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14.	4. Did Decedent die more than three (3) years before the date of this petition? YES □ NO □ If yes, state here the circumstances that authorize commencing this proceeding. ⁷				
15.	5. 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? YES □ NO □ If yes, include name and address of person demanding notice.				
16.	As the moving party, I will give notice to the heirs listed in items 11a and 11b and, if the Decedent was fifty-five (55) years of age or older, to the Department of Health and Human Services and to the following other persons: ⁹				
	Name Address				
17.	Check if desired: ☐ Pursuant to Rule 80B(a), I request the Register to publish notice to creditors.				
18.	Check one: ¹⁰				
10.	□ No bond is required.				
	☐ A personal representative's bond is required and is attached.				
	☐ An estate tax bond is required and is attached. 11				
10					
19.	Check (a) or (b) ¹² :				
	□ (a) I know of an unrevoked testamentary instrument relating to property in this Estate, and I have attached a statement setting forth why that instrument is not being probated.				
	\square (b) After exercise of reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property having situs in this state.				
20.	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.				
3-3(Additionally, I request the register to make the findings and determinations required by Title 18-C M.R.S. § 08 and to appoint as Personal Representative the person listed in item 4.				
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Dat	Applicant or Attorney ¹³				

Attorney for Applicant, if any:		
Name		
Address		
Address		
Phone Number		
Maine Bar Number		
Email Address		
Fees due upon filing:		
Filing Fee: \$	Mailing Notices \$	Publication \$
Surcharge \$	Abstracts \$	Other \$
¹ 18-C M.R.S. § 1-201(26). ² 18-C M.R.S. § 3-203. ³ 18-C M.R.S. § 1-201(23). ⁴ 18-C M.R.S. § 3-301(1)(A)(2). ⁵ 18-C M.R.S. § 1-201(14). ⁶ 18-C M.R.S. § 3-201. ⁷ 18-C M.R.S. § 3-301(1)(A)(5). ⁸ 18-C M.R.S. § 3-301(1)(A)(5).		y's duty to give notice pursuant to 18-C M.R.S. 88 3-306

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⁹ This request, accompanied by proper information and fees, fulfills the moving party's duty to give notice pursuant to 18-C M.R.S. §§ 3-306, 3-310. Applicant should list all persons to whom notice must be sent, including persons who have filed a demand for notice pursuant to 18-C M.R.S. § 3-204. Include address for any person whose address does not appear elsewhere in this form.

10 18-C M.R.S. § 3-603 et seq.

11 36 M.R.S. § 4079.

12 18-C M.R.S. § 3-301(1)(D).

^{13.} Attorney signature required pursuant to Rule 11.