

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 Decedent:
Check one:
 - Surviving spouse
 - Domestic partner
 - Other heir (e.g. child, parent, sibling, etc.)
 - Creditor
 - State tax assessor
6. The following person(s) have a prior or equal right to appointment: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 Decedent 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 partner (non-registered)?⁵: YES NO If yes, give name and address.

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).

13. 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

14. 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.

15. Did Decedent die more than three (3) years before the date of this application? YES NO If yes, state here the circumstances that authorize commencing this proceeding.⁷

16. 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?⁸ YES NO If yes, include name and address of person demanding notice.

Name	Address

17. The Applicant is required to provide notice of this application to any person listed in item 16 above, and if the Decedent was fifty-five (55) years of age or older, to the Department of Health and Human Services.

I hereby request that the Register serve the foregoing notices on the Applicant's behalf in accordance with Rule 4.

18. Check if desired: Pursuant to Rule 80B(a), I request the Register to publish notice to creditors.⁹

19. Check one: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

20. 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.
- (b) After exercise of reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property having situs in this state.

21. 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.

Additionally, I request the register to make the findings and determinations required by Title 18-C M.R.S. § 3-308 and to appoint as Personal Representative the person listed in item 4.

Dated _____

Applicant

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. § 3-108.

⁸ 18-C M.R.S. § 3-301(1)(A)(5).

⁹ 18-C M.R.S. § 3-801.

¹⁰ 18-C M.R.S. § 3-603.

¹¹ 36 M.R.S. § 4079.

¹² 18-C M.R.S. § 3-301(1)(D).

MARP