

STATE OF MAINE

_____ County Probate Court

Docket No. _____

Estate of _____
Decedent

APPLICATION FOR INFORMAL PROBATE OF WILL OR APPOINTMENT OF PERSONAL REPRESENTATIVE UNDER WILL OR BOTH

1. Full legal name of Applicant:

2. Address and telephone number of Applicant:

3. Legal interest of Applicant in Estate (Check all that apply):¹
 - Personal Representative named in the Will
 - Surviving spouse
 - Domestic partner
 - Devisee
 - Heir
 - Creditor
 - Other _____

4. Full legal name of Decedent:

5. Date of Decedent's death:

6. Date of Decedent's birth (or approximate age if date of birth is unknown):

7. Domicile (i.e. town/city of permanent residence) of Decedent at date of death:

- 8(a). Names and addresses of spouse, registered domestic partner, children and other heirs (attach additional sheet(s) as necessary):²

Name	Address	Date of Birth (if Under 18) ³	Relationship to Decedent

8(a). Continued.

Name	Address	Date of Birth (if Under 18) ³	Relationship to Decedent

8(b). Is there a domestic partner (non-registered):⁴ YES NO If yes, provide name and address below:

9. Names and addresses of devisees (attach additional sheet(s), as necessary):⁵

Name	Address

10(a). Does the probate estate contain real estate located in Maine? YES NO If yes, list each municipality and county in which such real estate is located below (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 below Decedent's property that 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's Estate 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 below.

13. Did Decedent die more than three years before the date of this application? YES NO If yes, state below the circumstances that authorize commencing this proceeding.⁷

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?⁸ YES NO If yes, include name and address of persons demanding notice below.

Name	Address

15. Upon receiving notice of the time and place for the formal testacy proceeding, I will give notice to the heirs listed in subparts 8a, 8b, and 9 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

I will furnish proof of notice to the Court by affidavit.

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

17. The Decedent's Last Will and Testament dated _____ and Codicils dated _____ are filed herewith and 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 and Testament.¹⁰

18. Name and address of Personal Representative whose appointment is sought. (Designate mailing and legal addresses if they are different.)

19. Is the person described in item 18 designated as the Personal Representative in the Will? YES NO If no, state the basis of the individual's priority below.¹¹

20. Check one:

No bond is required.¹²

A bond is required and attached.¹³

A bond may be required. The Court is asked to decide if a bond is necessary and in what amount.

An estate tax bond is required and is attached.¹⁴

21. REQUEST FOR ACTION BY REGISTER (Check (a) and/or (b)):

(a) I ask the Register to allow probate of this Will; and/or

(b) I ask the Register to appoint the Personal Representative listed in item 18.

22. Under penalty of perjury, I, the undersigned Applicant (or attorney on behalf of the Applicant), verify the foregoing application.¹⁵

Dated: _____

Applicant or Attorney¹⁶

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 \$10.00 _____ Abstracts \$ _____ Other \$ _____

¹ 18-C M.R.S. § 1-201(26)

² 18-C M.R.S. § 1-201(23)

³ 18-C M.R.S. § 3-301(1)(A)(2)

⁴ 18-C M.R.S. § 1-201(14)

⁵ 18-C M.R.S. §§ 1-201(10) and 1-201(11)

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. §§ 3-204, 3-306 and 3-310

¹⁰ 18-C M.R.S. § 3-801

¹¹ 18-C M.R.S. § 3-301(1)(B)

¹² 18-C M.R.S. § 3-203

¹³ 18-C M.R.S. § 3-603

¹⁴ 36 M.R.S. § 4079

¹⁵ 18-C M.R.S. §§ 1-310 and 3-301(2)

¹⁶ Attorney signature required, pursuant to Rule 11.

MARP