STATE OF MAINE

	COUNTY PROBATE COURT	DOCKET NO.
Estate of	Decedent	APPLICATION FOR INFORMAL APPOINTMENT OF SPECIAL ADMINISTRATOR ¹
1. Full legal name	of Applicant:	
2. Address and telep	phone number of Applicant:	
	rtner	
4. Full legal name of	of Decedent:	
5. Date of Decedent	t's death:	
6. Domicile of Dece	edent at date of death (i.e. address of perman	ent residence):
7. Was Decedent do	omiciled in this county at date of death?	YES □ NO If not, venue is based on the following. ³
8. Name and addresdifferent.)	ss of person whose appointment is sought. (I	Designate mailing and legal addresses if they are
9a Did Decedent le	ave a Will that has been, or will be, presented	l for probate? □ YES □ NO.

9b. If you answered "yes" to question 9a above, is the Representative in the Will? ☐ YES ☐ NO. If not, e	person whose appointment is sought nominated as Personal explain why not.
10. A bond is required in Decedent's Will, or has been	demanded by an interested person, and is attached.
To protect this Estate prior to the appointment	of a general personal representative or following termination
of a prior appointment of a general personal representate. Wherefore, Applicant requests that the personal Administrator of this Estate.	son named in item 8 be informally appointed as Special
Dated:	Applicant or Attorney ⁵
Attorney for Applicant, if any:	
Name	
Address	
Address Phone Number	
Maine Bar Number	
Email Address	
	, known to me to stated the foregoing facts under penalty of perjury and to the application and that it was affixed as the free act and
Dated:	Notary Public/Register of Probate/Attorney at Law
	Type or Print Name of Officer Taking Oath

ACCEPTANCE OF APPOINTMENT

al trust and personal liability for any violation of that
Special Administrator
NTMENT
to be Special Administrator of the deceased, subject to such The Special Administrator shall have all the powers and
Register of Probate

MARP