**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS**

**DISTRICT OF NAY-AH-SHING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN THE COURT OF CENTRAL JURISDICTION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the Matter of the Estate of: Case Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **SCHEDULE OF DISTRIBUTION AND**

**PAYMENT OF CLAIMS**

Decedent

1. I, , am the Personal Representative for the above-named Estate.

(Name)

1. The following debts and expenses have been paid on the Decedent’s behalf:

|  |  |  |  |
| --- | --- | --- | --- |
| PERSON/BUSINESS PAID | DESCRIPTION OF DEBT/EXPENSE | AMOUNT PAID | DATE PAID |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

3. The following properly presented claims have not been paid, settled, or disposed of. If approved by the Court, these

claims will be paid.

|  |  |  |  |
| --- | --- | --- | --- |
| CREDITOR NAME | CREDITOR ADDRESS | DEBT AMOUNT | AMOUNT TO BE PAID |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

4. Distributions to the following devisees/heirs have been made:

| ITEM | RECIPIENT’S NAME | DISTRIBUTION DATE |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Check box if distribution list continues on additional pages.

5. The following fees and costs will be paid before final distribution:

Attorney $ Personal Representative $

6. If approved by the Court, the remaining estate will be distributed to the following devisees/heirs as follows:

|  |  |
| --- | --- |
| ITEM | RECIPIENT’S NAME |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Check box if future distribution list continues on additional pages.

Date

Personal Representative’s Signature Attorney’s Signature

Personal Representative’s Name (Print or Type) Attorney’s Name (Print or Type)

Address Address

City, State, Zip City, State, Zip