

2. The decedent's full name is:

4. I am a distributee of the decedent estate as defined in Wyoming Statutes 2-1-301(XIII). All distributees of the decedent, including myself, are listed as follows:

^{3.} More than thirty (30) days have elapsed since decedent's death . The date of the decedent's death was ______. I have attached a copy of the death certificate hereto.

Surviving Spouse:	
Address	
City	
State	
Zip code	
Zip code.	
Relationship:	
Name	
Address:	
City:	
Zip Code:	
DOB: (minors only)	
D 1 11	
Relationship:	
Name	
Address:	
City:	
State:	
Zip Code:	
DOB: (mino unly)	
Relationship:	
Name	
Address:	
City:	
State:	
Zip Code:	
DOB: (minors only)	
Relationship:	
Name	
Address:	
City:	
State:	
Zip Code:	
DOB: (minors only)	

Relationship:	
Name	
Address:	
City:	
State:	
Zip Code:	
DOB: (mino	rs only)
Relationship:	
ЪT	
City:	
State:	
Zip Code:	
-	rs only)
(
Relationship:	
Name	
Address:	
City:	
State:	
Zip Code:	
DOB: (mino	

5. That the value of the estate of the decedent, wherever located, less liens and encumbrances, doe the ceed Two-Hundred Thousand Dollars (\$200,000.00).

6. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

7. The claiming distributees are entitled to payment or delivery of the property, and there are no other distributees of the decedent having a right to succeed to the property under probate proceedings.

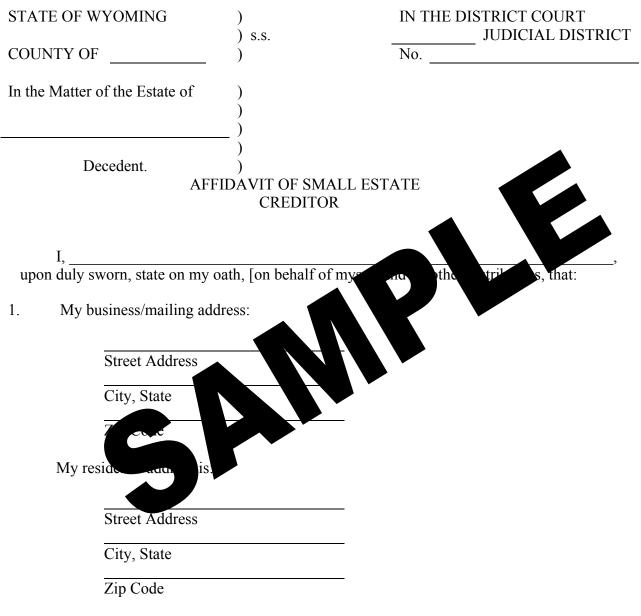
Under penalties of perjury, I/We declare that I/We have read the foregoing and the facts alleged are true, to the best of my/our knowledge and belief.

Date: _____ Signature of Petitioner: _____

Print Name of Petitioner:

Street Address	
City, State	
Zip Code	
(Area Code) Telephone No.	
Relationship to Decedent	
Acknowled	rem
STATE OF WYOMING	
COUNTY OF	
The foregoing instrument were vied good beneficiated by	e me this
(Seal)	
	Notary Public
	Printed Name

My Commission Expires:



2. The decedent's full name is:

3. More than thirty (30) days have elapsed since decedent's death . The date of the decedent's death was ______. I have attached a copy of the death certificate hereto.

4. I am a creditor of the decedent owed a debt at the time of death or which would be owed if the estate was being administered upon.

I file this affidavit in my capacity as ______, and on behalf of ______, a creditor of the decedent owed a debt at the time of their death or which would be owed if the estate was being administered upon.

5. That the value of the entire estate of the decedent, wherever located, less liens and encumbrances, does not exceed Two-Hundred Fifty Thousand Dollars (\$200,000.00).

6. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

7. To the best of my knowledge, no affidavit pursuant to W.S. 2 1-201, in the decedent, has been presented to any party referred to in W.S. 2 1001.

8. The claim is based upon: The amount claimed is: Total Payments to date:

9. I, or the party that I represent, full

(A) Waive any immute the most sub-level of execution I/We might otherwise have;

(B) Agree commit and comparisons from all claims whatsoever any party deliver cases from the asis of such affidavit, to the extent of the full value of the assets so to be add

(C) Is answer blocked accountable to a personal representative of the estate, if appointed, or carry other person or party having a superior right.

Under penalties of perjury, I/We declare that I/We have read the foregoing and the facts alleged are true, to the best of my/our knowledge and belief.

Date:	Signature of Petitioner:	
	Print Name of Petitioner:	

Street Address

City, State

Zip Code

(Area Code) Telephone No.

Relationship to Decedent

Individual Acknowled	gement
STATE OF WYOMING	
COUNTY OF	
The foregoing instrument was acknowledged before m (date) by	e this
(Seal)	
My Commission Expires: Acknowled STATE OF WYOMING	interne gement
COUNTY OF	
The foregoing instrument was acknowledged before m (date) by of	
(Seal)	
Nc	otary Public
Pri	inted Name

My Commission Expires: