UNITED STATES DEPARTMENT OF THE INTERIOR
OFFICE OF HEARINGS AND APPEALS
HEARING DIVISION

DATA FOR HEIRSHIP FINDING AND FAMILY HISTORY

NAME OF DECEDENT (Give all names by which decedent was known): _____

Decedent SSN: _____ IIM Account Number: _____

Sex: _____ Tribe: _____ and Allotment or Indian ID No. _____

Deg. of Blood: _____

Additional Numbers: TRIBAL ENROLLMENT NUMBER - _____

Date of Birth: _____ Certificate Attached: _____

Date of Death: _____ Place: _____ Certificate Attached: _____

Last Place of Residence: _____

Death Determined to be: _____

MARRIAGES

Names	Married		Date of Birth	Date of Death	Divorced		Tribe & AL / ID # or Non-Indian	Degree of Blood
	Date	How			Date	How		

CHILDREN

Names	WI/WOI	Sex	Date of Birth	Name of Other Parent	Date of Death	Tribe & AL / ID # or Non-Indian	Degree of Blood

CHILDREN OF DECEASED CHILDREN

Names	WI/WOI	Sex	Date of Birth	Name of Both Parents	Date of Death	Tribe & AL / ID # or Non-Indian	Degree of Blood

PARENTS

Names	WI/WOI	Married Date	Date of Birth	Date of Death	Divorced Date	Divorced How	Tribe & AL / ID # or Non-Indian	Degree of Blood

BROTHERS AND SISTERS

Names	WI/WOI	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribe & AL or ID #	Degree of Blood

CHILDREN OF DECEASED BROTHERS AND SISTERS

Names	WI/ WOI	Sex	Date of Birth	Names of Both Parents	Date of Death	Tribe & AL or ID #	Degree of Blood

GRANDPARENTS

Names	WI/ WOI	Married Date	Married How	Date of Birth	Date of Death	Divorced Date	Divorced How	Tribe & AL or ID #	Degree of Blood

COLLATERAL RELATIVES

Names of Nearest Relatives Who Survived Decedent	WI/ WOI	Date of Birth	If Dead, Give Date and Surviving Family	Names of Both Parents	How Related Degree	Ancestry	Tribe & AL or ID #	Degree of Blood

ADDITIONAL INFORMATION

WILL INFORMATION

Date will was executed: (Give date and forward all copies to Administrative Law Judge. If no will, indicate "None." Please list all wills executed by decedent in inverse order of execution.)

SCRIVENER/WITNESSES/NOTARY TO LATEST WILL AND ADDRESSES

Names	Address

BENEFICIARIES

Names of Beneficiaries	Date of Birth	Tribe & AL	How Related	Deg. of Blood

PERSONAL PROPERTY

Account	DOD Balance	DOS Balance	DOH Balance	Description & Source	Where Deposited

REAL PROPERTY (List attached sheet number. If none, indicate "None".)

# of Tracts	(To be FURNISHED BY Area Title Offices or appropriate entity Reservation Code)	Estimated Value

ADOPTIONS

Give names, dates of adoptions, whether tribal court, names of natural parents and adoptive parents with blood quantum of both. (If there is a volume number and page of adoption, so indicate.)

Names	Date of Adoption	Tribal Court	Adoptive Mother	Adoptive Father	Natural Mother	Natural Father	Volume No.	Page No.

CLAIMS

Claimant	Address	Amount

INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES

Give names, and addresses of all heirs at law if a will was executed, names and addresses of all beneficiaries, witnesses to will, agency, and creditors. If any are minors, give name and address of legal guardian or custodian.

Names	Address

INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES

Give names, and addresses of all heirs at law if a will was executed, names and addresses of all beneficiaries, witnesses to will, agency, and creditors. If any are minors, give name and address of legal guardian or custodian.

Names	Address

I hereby certify that at this date the information contained herein is a full, true and complete summary of the records of this agency as to the matters set forth.

Date _____ Name of Preparer _____

Address of Preparer: _____

City, State, Zip: _____

Phone: _____

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501). We estimate the form will take you 0.5 hours to 4.5 hours to complete, including time to read instructions, gather information, and complete. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action—Indian Affairs (RACA), U.S. Department of the Interior, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104. Your response is voluntary and required only to obtain a benefit; and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number.

Privacy Act Statement: For this collection, we use limited automated, electronic, mechanical, or other technological collection techniques or other forms of information technology by using the ProTrac system Trust Asset and Accounting Management System (TAAMS) and Trust Fund Accounting System (TFAS) to maintain records relevant to probate. There are several Privacy Act system of records notices related to probate records and include: BIA-27 Bureau of Indian Affairs Probate Files, [72 FR 8767 (February 27, 2007)]; BIA-04 Trust Asset and Accounting Management System—Interior [79 FR 68292 (November 14, 2014)]; and BIA-25 Integrated Records Management System (IRMS) [72 FR 8769 (February 27, 2007)]. Another Privacy Act system of records relevant to probate: OS-02, Individual Indian Monies (IIM) Trust Funds [84 FR 44321 (August 23, 2019)].