
WIND RIVER TRIBAL COURT

Shoshone and Arapaho Tribes
Wind River Indian Reservation
P.O. Box 608
Fort Washakie, Wyoming 82514
307-332-6702

REGARDING THE ESTATE OF:

NAME OF DECEASED PERSON

DATE OF DEATH

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Case No. _____

OATH OF ADMINISTRATION

I, _____ (print your name), Petitioner to be appointed as administrator, do hereby swear and/or affirm under oath that I will faithfully execute and distribute the estate of the deceased in this case. I will prosecute and defend all legal actions on behalf of the estate. I will take possession of all property of the estate, I will develop an inventory and appraisalment of that property, and then submit that inventory and appraisalment to this Court. I will diligently research and discover any interested heirs to the estate, and provide that information to this Court. I will ascertain and pay all debts and legal obligations owed by the estate. Finally, I will make a full accounting of all property and distribute all property of the estate in accordance with the orders of this Court.

DATED this _____ day of _____, 20_____.

Petitioner/Administrator

STOP

FOR THE CLERK/NOTARY

SUBSCRIBED AND SWORN before me this _____ day of _____, 20_____.

(Seal)

Court Clerk/Notary Public

My commission expires: