



Oglala Sioux Tribe

Legal Department

P.O. Box 1204 Pine Ridge, South Dakota 57770
Phone: (605) 867-2138 Fax: (605) 867-2140



Will Checklist

Must be an owner of trust land.

FAMILY / BENEFICIARY INFO

- List all family members/beneficiaries and relationship
- Dates of birth and dates of death (death certificate) if applicable
- Complete Addresses
- Marriage/Divorce decree
- Adoption decree
- Enrollment numbers

LIST OF PROPERTY & REAL ESTATE

- Determine beneficiary of listed property including land and real estate
- ITI-Individual Trust Interest / Inventory of Trust Lands
- Description of real estate

EXECUTOR AND GUARDIAN

- Determine executor and guardian and provide contact information

EXECUTOR AND GUARDIAN

- Any special wishes or instructions for memorial, funeral and / or burial.

INTERVIEW CHECKLIST

Print Name _____

Maiden or Other Names Used _____

Address _____

Date of Birth _____ Social Security _____

Tribal Enrollment _____

Marital Status _____

Competency

- 1. Do you understand what a will does? Yes _____ No _____
- 2. Do you understand what assets and property you own? Yes _____ No _____
- 3. Do you know who you want to leave your property to? Yes _____ No _____
- 4. Has anyone pressured you into writing a will or leaving them property? Yes _____ No _____

Trust Status

- 1. Do you understand that while you may leave your personal or trust property to any person, if you leave your trust land to a non-Indian (including a spouse) the land will be removed from trust status? Yes _____ No _____
- 2. Has testator been provided information regarding non-will alternatives (gift deeds, life estates) that will keep trust land in trust status? Yes _____ No _____
- 3. BIA Inventories of Trust Land..... Yes _____ No _____
- 4. List of fee or deed land _____

Benefits Information

- 1. Do you have a retirement plan? Yes _____ No _____
- 2. With employer?..... Yes _____ No _____
- 3. Do you have a life insurance policy..... Yes _____ No _____

Other Inheritance Information

- 1. Are you currently involved in another probate? Yes _____ No _____
- 2. Is there any person you wish to leave out of your will? Yes _____ No _____
Who? _____

Personal Representative who will administer will during probate: _____

1. If you have minor children, do you have a guardian named for your children? Yes ___ No ___

Name _____

Desired funeral/burial arrangements (military, traditional and location) _____

If you have traditional or religious objects, who should receive these? _____

Personal and Household Items _____

Spousal Information (current or former)

Name _____

Date of Marriage _____

Date of Birth _____ Social Security # _____

Enrollment Yes ___ No ___ Where _____

Name _____

Date of Marriage _____

Date of Birth _____ Social Security # _____

Enrollment Yes ___ No ___ Where _____

Name _____

Date of Marriage _____

Date of Birth _____ Social Security # _____

Enrollment Yes ___ No ___ Where _____

Children - How Many? _____ biological _____ adopted _____

1. Name _____ DOB _____

Enrolled with OST? Yes ___ No ___ Eligible for Enrollment? Yes ___ No ___

2. Name _____ DOB _____

Enrolled with OST? Yes ___ No ___ Eligible for Enrollment? Yes ___ No ___

3. Name _____ DOB _____

Enrolled with OST? Yes ___ No ___ Eligible for Enrollment? Yes ___ No ___

Deceased Children? Yes _____ No _____

Name _____ DOB _____

Date of Death _____ Other parent's name _____

Surviving Children _____

Enrolled or eligible for Enrollment _____

Grandchildren, if applicable:

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Name _____

DOB _____

Enrolled or eligible for Enrollment? _____

Date: _____

To Whom It May Concern:

I am preparing a will and need a current list of my interests in trust property. Please provide me a list of any interests that I have in trust property anywhere in the United States, and the names, addresses, and interests of any co-owners of such property. Specifically, please provide me with a copy of my **Individual Trust Interest (ITI) Report**. The following is my information:

(Name)

(Enrollment Number)

(Social Security Number)

(Mailing Address)

(City, State, and Zip Code)

(Telephone Number)

You have my authorization to release the information to the following person(s) who is assisting me:

Lisa Steele-Cummings OST Legal Department
(Name)

(Attorney or Assistant's Name)

P.O. Box 1204
Mailing Address

Pine Ridge, SD 57770
City, State, and Zip Code

I make this request pursuant to 5 U.S.C. § 552(a) and 25 U.S.C. §2216(e). I look forward to your response. Thank you for your assistance with this matter.

Sincerely,

(Signature)

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

This document was acknowledged before me on _____ [Date] by
_____ [name of principal]

[Notary Seal, if any]:

(Signature of Notary)

Notary Public for the State of:

My commission expires: