

STATE OF WYOMING) IN THE DISTRICT COURT
) ss
COUNTY OF _____) _____ JUDICIAL DISTRICT

In the Matter of) Case Number _____
the Estate of)
_____))
Deceased (name of person who died))

**APPLICATION FOR A
DECREE OF SUMMARY DISTRIBUTION OF REAL PROPERTY
Testate Decedent (a Person Who Died and Did Have a Will)
Under Wyoming Statutes 2-1-205 through 2-1-209**

1. My name is _____.
The name of the Decedent (the person who died) is _____.
I believe I have a right to receive real property that was owned by the Decedent.
I am making this Application according to Wyoming Statute 2-1-205 in order to establish right and title to the real property owned by the Decedent. By making this Application, I am declaring that I am a Distributee (person entitled to claim property) of the Decedent.
2. The Decedent died on _____, 20____.
3. More than 30 days have passed since the Decedent died. (This Form cannot be used until at least 30 days have passed since the death of the Decedent.).

4. Select only one:

- I am claiming all of the real property that was owned by the Decedent, no matter where in Wyoming it is located. I have described all of the Decedent's real property in the paper labeled **Exhibit A**, which is attached to and part of this Application.

OR

- I am claiming specific parcels or shares of real property that were owned by the Decedent. I have described all of the Decedent's real property in the paper labeled **Exhibit A**, which is attached to and part of this Application.

The total amount of the estate is the value of all of the Decedent's property minus any liens and encumbrances that are held against the property.

“Liens and encumbrances” includes mortgages and all other debts of the Decedent, such as credit card debt, medical bills, and funeral expenses. Subtract the money that was owed on the day the Decedent died from the value of the property to figure out the value of the estate.

It is important to understand that those debts do not go away when the property is distributed. The person who receives the property may be required to pay the debts.

5. The value on the date of death of the entire estate located in Wyoming and subject to administration, less liens and encumbrances, does not exceed \$400,000.00.

6. I am the Decedent's:

- Spouse.
- Legal Parent.
- Legal Child.
- Grandchild.
- Sibling.
- Other: _____

7. The Decedent died with a valid Last Will and Testament, which is dated:

Month: _____

Day: _____

Year: _____

- A copy of the Will is attached to this Application.

8. Select only one:

According to the terms of the Decedent’s Last Will and Testament, I am the **only** person who has a right to receive the property identified in Section 4 above. No one else has a right to receive this property under probate proceedings in Wyoming or in any other jurisdiction.

OR

According to the terms of the Decedent’s Last Will and Testament, I am **not** the only person who has a right to receive the property identified in Section 4 above. This chart shows information about each person who is entitled to receive the property. Everyone who is entitled to receive the property is listed here. No one other than the people listed here has a right to receive this property under probate proceedings in Wyoming or in any other jurisdiction.

Full Legal Name	Description of Property	Share as Stated in the Will
(me)		

I have attached more pages showing additional information about the heirs and property.

9. This section is about cases in Wyoming. No application (request) for the appointment of a Personal Representative is pending or has been granted in any jurisdiction in Wyoming.

Important Note: If the statement in Section 9 is false, you cannot use this form.

10. This section is about cases outside of Wyoming. Select only one.

There has **not** been an application (request) for the appointment of a Personal Representative filed or granted in any other state.

OR

An application (request) for the appointment of a Personal Representative has been made or granted in another state. This chart has information about that case:

Name of the Proposed or Appointed Personal Representative	
Address of the Proposed or Appointed Personal Representative	
Full Name of the Court (For example, The District Court in the 18 th Judicial District of Colorado, Arapahoe County, Colorado.)	
Title of the Case (For example, The Estate of Robert Brown)	
Date the Application was Filed	
Date the Personal Representative was Appointed (if that happened)	

I have attached more pages with information about other applications for appointment of Personal Representative.

11. I have attached a sworn report of value (broker's price opinion, appraisal) that was made by the following person or company, who has no legal interest in the estate: _____

12. I know that some or all of the property is mortgaged.

I have attached the mortgage information.

OR

I don't have the mortgage information.

13. I know that, under Wyoming Statute 2-1-205(d), I must publish Notice of this application once each week for two consecutive weeks in a newspaper of general circulation in the county in which I am filing the application. I will publish the Notice in the following newspaper: _____

14. I know that, under Wyoming Statute 2-1-205(d), within ten days of the first publication, I must mail the Notice and a copy of this Application by first class mail to the last known address of every person who has a legal right to be notified about my claim. I will mail the Notice and the Application to:

the Decedent's surviving spouse, whose name is _____ at this address: _____

- a Distributee named _____ (or that person’s guardian or personal representative) at this address: _____
- a Distributee named _____ (or that person’s guardian or personal representative) at this address: _____
- a Creditor named _____ at this address: _____
- a Creditor named _____ at this address: _____
- all of the Distributees whose signatures and addresses are included at the end of this Application.
- I will attach additional pages to list more people.

15. I do not know the current address of the following people who are entitled to receive property under the terms of the Decedent’s Last Will and Testament: _____

16. I will make additional efforts to locate the people named in Section 15. I understand that I must notify the Court if there are “missing distributees” under Wyoming Statute 2-1-207.

You can read about what counts as “medical assistance” in Wyoming Statutes 42-4-101 through 42-4-114.

17. I know that the Decedent did not receive financial medical assistance from the government (Medicaid).

OR

I don’t know if the Decedent received financial medical assistance from the government (Medicaid). I will mail a copy of this Application to the Wyoming Department of Health within ten days of the first publication of the Notice.

OR

I know that the Decedent did receive financial medical assistance from the government (Medicaid), but I have not talked to the Department of Health about this Application. I will mail a copy of this Application to the Wyoming Department of Health within ten days of the first publication of the Notice.

OR

I know that the Decedent did receive financial medical assistance from the government

I hereby swear or affirm, under penalty of perjury, that the information in this Application is correct and complete to the best of my knowledge.

Dated: _____, 20__.

Signature: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

STATE OF _____)

) ss.

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me by _____ this ____ day of _____, 20__.

Witness my hand and official seal.

NOTARIAL OFFICER

My commission expires: _____

Dated: _____, 20__.

Signature: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

STATE OF _____)

) ss.

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me by _____ this ____ day of _____, 20__.

Witness my hand and official seal.

NOTARIAL OFFICER

My commission expires: _____

I hereby swear or affirm, under penalty of perjury, that the information in this Application is correct and complete to the best of my knowledge.

Dated: _____, 20__.

Signature: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

STATE OF _____)

) ss.

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me by _____ this ____ day of _____, 20__.

Witness my hand and official seal.

NOTARIAL OFFICER

My commission expires: _____

Dated: _____, 20__.

Signature: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____

STATE OF _____)

) ss.

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me by _____ this ____ day of _____, 20__.

Witness my hand and official seal.

NOTARIAL OFFICER

My commission expires: _____