PCS CODE: TES Approved, SCAO TCS CODE: TEST

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

TESTIMONY TO

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-	_	_		_

COUNTY OF	IDENTIFY HEIRS		
Estate of			
	. My address is		
2. I am related to the decedent (or kn	now his/her family) as follows:		
3. The date and time of the death of t	the decedent is Date	and at that time the	
decedent's domicile (residence) wa			
	NS, TREAT ALL PERSONS WHO DIED WITHIN 120 HO ECEDENT. List persons who died within 120 hours a		
	surviving spouse. $\ \square$ left a surviving spouse naming children, both natural (born in or out of wedlock		
☐ b. Of the children listed in 5.a, th	ne following are no longer heirs due to their adoption	n by someone other than a stepparent:	
☐ c. Of the children listed in 5.a, t	the following were not children of the surviving spo	use:	
Answer question 6 only if question 5.a 6. ☐ a. The following children listed in	a. was checked. in 5.a. died before the decedent:		
	ir own children (either natural or adopted) or left gr survived the decedent. The names of these desce re as follows:		
☐ c. Of the persons listed in 6.b, th	ne following are no longer heirs due to their adoption	n by someone other than a stepparent:	
If decedent left no surviving descenda 7. The decedent ☐ did not leave a	nt, complete 7. surviving parent. ☐ left a surviving parent name	d	
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(SEE SECOND PAGE)

Do not write below this line - For court use only

estimony to Identify Heirs (12/17)		File No.		
decedent is not survived by spouse, descendants, or parents, complete 8 (and 9, if applicable). The decedent				
9. One or more of the brothers and sisters of adopted, who were not adopted by others name(s) of their deceased ancestor are				
If decedent was not survived by spouse, descenda 10 (and 11, if applicable). 10. The decedent □ did not leave surviving gran			_	
☐ 11. Both maternal grandparents and/or both pand their relationships to the grandparent		decedent. Their survivir	ng descendants	
Maternal grandparents:				
Paternal grandparents:			-	
☐ 12. The following heirs listed above are under name(s) of their representative(s) are			gal disability, and	
☐ 13. The following deceased heirs survived the who represent decedent's interests are _		rs. Their name(s) and th	e name(s) of those	
☐ 14. The following persons identified above did decedent, and the date and time of their c		hours. Their names, rel	ationships to	
NAME	RELATION	DATE OF DEATH	TIME OF DEATH	
☐ 15. The decedent left a will. ☐ All devisees a		ees named in the will or opplemental testimony form is o		
	Signature			

☐ 15. The decedent left a will. ☐ All devisees are heirs. ☐ Some of the devisees named in the will or codicil are not heirs of the testator. (A supplemental testimony form is completed and attached.)					
	Signature				
Subscribed and sworn to before me on	,		County, Michigan.		
My commission expires: Sig	nature: Judge/Deputy reg	jister/Notary public	Bar no.		
Notary public, State of Michigan, County of			_		
Attorney signature	Address				
Name (type or print)	City, state, zip		Telephone no.		