JIS Code: PFA

STATE OF MICHIGAN
PROBATE COURT
COUNTY

CASE NO. and JUDGE	CA	SE	NO.	and	JU	DGE
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	PROBATE CO COU	l	AND/OR APPO PERSONAL REF	INTMENT OF	CASE NO.	and JODGE	
Co	urt address	'				Court tel	lephone no.
ln '	the matter ofFirst, middle, and las	t name					
Pet	titioner's name, address and telephon	e no.		Petitioner's attorney,	bar no., address, an	d telephone no.	
1.	I,Name of petitioner			, am intere	ested in the estate	e and make this _l	petition as
	Relationship to decedent, i.e., heir, d	evisee, child, s	spouse, creditor, benef	as defin	ed by MCL 700.1	105(c).	
2.	Decedent information: Date of			Put DOB in Rorow 1 on MC 9 Date of birth	97. XXX-X)	Put last 4 digits (- Ref. No. row 2 digits of SSN	of SSN in on MC 97.
	Domicile (at date of death): \overline{C}	ity/Township/Vi	illage	Cour	nty		State
	☐ A death certificate has bee ☐ No death certificate is avai As far as I know or could ascededent and other interested (Required testimony forms are attact)	lable. Attach ertain with re d persons, t	ned is alternative e easonable diligend	documentation of ce, the names and	the decedent's de addresses of the	eath. heirs and devis	
	NAME	,	Al	DDRESS		RELATIONSHIP (Heir/Devisee)	AGE (if minor)*
	S	treet address					
	C	City		State	Zip		
	S	treet address		I			
	C	City		State	Zip	_	
	S	treet address					
	C	City		State	Zip		
	S	treet address		I	I		
	C	City		State	Zip		
	***	51:41 6	140.07		<u> </u>	1	1

^{*}If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

Petition for Probate and/or Appointment of P Page 2 of 3	ersonal Representative (5/21	Case No	
4. (continued)			
	ove, the following are unde	r legal disability or otherwise represen	ted and presently
have or will require representation:	,	g	,
NAME	LEGAL DISABILITY	REPRESENTED BY	.,
		Name, address, and capa	icity
 □ b. The decedent was not domicil was located in this county at t □ 6. An application was previously file □ 7. A personal representative has be 	led in Michigan, but venue he date of death. ed and a personal represe een previously appointed in	Count	erty of the decedent
		representative's name and address are	State
Name	Address		
City		State	Zip
•			Σιρ
☐ 8. ☐ a. The decedent's will, dated is/are offered for probate as		this petition. \square already in the cou	ırt's nossession
lo, are energy for probate at		,	·
\square b. An authenticated copy of the	e will and codicil(s), if any,	orobated inCou	nty,
		, , , , ,	
		a will probated in another jurisdiction a ilable, but its contents are (Attach addition	
\Box 9. The decedent's will was \Box forn	nally □ informally proba	ated on in	County.
and is/are the decedent's last will. will or codicil(s).	After exercising reasonab	subject to this petition, if any, was/we	ment revoking the
located in this state as define	ed under MCL 700.1301.	any unrevoked testamentary instrumentellellellellellellellellellellellellell	
MCL 700.1301, but the instru	ument is not being probate	d because	
The instrument	ched to this petition.	is already in the court's possession.	·
11. I nominate Name	as p	ersonal representative, who is qualified	d and has the
following priority for appointmen	nt:	<u> </u>	
His/her address isAddress			

State

Zip

City

Petition for Probate and/or Appointment of Personal Representati Page 3 of 3	ive (5/21) Case No
\Box 12. Other persons have prior or equal right to appoint	tment. They are:
Name	Name
Name ☐ 13. The will expressly requests that the personal repr	Name resentative serve with bond.
the protection of persons interested in the esta	sed administration, but supervised administration is necessary for ate because (Complete on line below.) oes note direct supervised administration, but supervised
☐ 15. A special personal representative is necessary be	ecause
I REQUEST:	
\Box 16. An order determining heirs and that the decedent	t died \square intestate. \square testate and the document(s) stated
in item 8 is/are valid and admitted to probate.	
\Box 17. Formal appointment of the nominated personal re	epresentative \square with \square without bond.
☐ 18. Supervised administration.	
☐ 19. Appointment of a special personal representative p	pending the appointment of the nominated personal representative.
I declare under the penalties of perjury that this petition hof my information, knowledge, and belief.	has been examined by me and that its contents are true to the best
	Petitioner signature
Date	Attorney signature