

## SUPERVISED PROBATE PACKET

### Forms Included in this packet:

**Necessary for initial filing – Payment of \$175.00 due at time of filing, if certified copies are requested there is an additional \$11.00 charge per certification/copy.**

- Information/Instructions on filing for supervised probate
- Petition for Probate (and determination of heirs) along with necessary documents\* (PC559)  
\*you must file the original will with the Court if one exists and codicil(s)  
\*you must file a copy of a death certificate
- Testimony of Interested Parties (PC565)
- Supplemental Testimony (PC566)
- Notice of Hearing (PC 562)
- Proof of Service (PC 564)
- Order of Formal Proceedings (PC 569)
- Acceptance of Appointment (PC571)
- Letters of Authority for Personal Representative (PC572)

### Forms needed for future filing

- Notice of Appointment (PC 573)
- Notice to Creditors (PC 574)
- Notice to Known Creditors (PC 578)
- Inventory (PC 577)
- Proof of Service (PC 564)
- Petition for Complete Estate Settlement (PC 593)
- Order for Complete Estate Settlement (PC 595)
- Notice of Continued Administration (PC 587) - this form will be required annually if the estate is not settled.

**COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS PROCESS PLEASE CONTACT AN ATTORNEY.**

Ottawa County Probate Court  
12120 Fillmore Street  
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM  
Phone: 616-786-4110  
Website: [www.miottawa.org](http://www.miottawa.org)

## Supervised Administration

Supervised administration is defined in the Estates and Protected Individuals Code (EPIC) at MCL 700.3501(1):

**As a single in rem proceeding to secure complete administration and settlement of a decedent's estate under the court's continuing authority that extends until entry of an order approving estate distribution and discharging the personal representative or other order terminating the proceedings.**

There are two major parts which define supervised administration. The statutory requirements are found in Article III, Part 5 of EPIC. Michigan Court Rule 5.310 also controls how to proceed with supervised administration. Anyone using supervised administration should be familiar with both the statute and the rule. In its simplest form, supervised administration is begun by a formal proceeding and ends with an order of complete estate settlement which approves estate distribution. Between beginning and end we have "unsupervised administration". A supervised personal representative is responsible to the court and the court may direct the personal representative concerning the estate. However, except as otherwise ordered by the Court, a supervised personal representative has the same powers as a personal representative who is not supervised. The one notable exception to this is that a supervised personal representative shall not make a distribution of the estate without prior court order. This would include any partial distributions.

Supervised administration is commenced by filing a petition rather than an application. Such a petition may be joined with a petition in a formal testacy or formal appointment proceeding. Such a petition may be filed at any time during estate administration. When supervised administration is requested after adjudication, an interested person files a Petition for Supervised Administration after Previous Adjudication ([PC 560](#)). After a petition for supervised administration, even if denied, the court must decide:

- Whether the decedent left a will and its validity.
- The personal representative's priority and qualifications to serve.
- A determination of heirs is required as a part of this process by MCL 700.3402.

Supervised administration is not a favored form of estate administration under EPIC. It may only be ordered under most circumstances upon a showing of necessity. Just because an interested person requests it should not be enough. MCL 700.3502(3) states the circumstance under which supervised administration may be ordered:

- If the decedent's will directs supervised administration, the court shall order supervised administration unless the court finds that circumstances bearing on the need for supervised administration have changed since the execution of the will and that supervised administration is not necessary.
- If the decedent's will directs unsupervised administration, the court shall only order supervised administration on a finding that it is necessary for protection of persons interested in the estate.
- In other cases, the court shall order supervised administration if the court finds that supervised administration is necessary under the circumstances.

The filing of a petition for supervised administration has the effect on other proceedings as described in MCL 700.3503:

- The pendency of a proceeding for supervised administration of a decedent's estate stays action on a pending informal application or an informal application filed after commencement of the proceedings for supervised administration.
- If a will has been previously probated in informal proceedings, the filing of a petition for supervised administration has the same effect as a formal testacy proceeding pursuant to MCL 700.3401.
- After receipt of notice of the filing of a supervised administration petition, a personal representative who has been previously appointed shall not exercise the power to distribute the estate. The filing of such a petition does not affect the personal representative's other powers and duties unless the court restricts the exercise of any of those powers and duties pending full hearing on the petition.

Pursuant to Michigan Court Rule 5.310 the personal representative must file the following additional papers with the court and serve copies on the interested persons:

- Inventory - If supervised administration is ordered at the commencement of estate administration, the inventory must be filed within 91 days of the date of the letters of authority. If supervised administration is ordered after a personal representative has been appointed, the court must set time for filing.
- Accounting - Must be filed within 56 days after the end of accounting period unless a shorter period is ordered by the court. The accounting period ends on the anniversary date of the issuance of letters of authority. The personal representative may elect that it end on a different date. The first accounting thereafter shall not be more than one year.
- Notice of appointment.
- Fee notice pursuant to MCR 8.303
- Notice to spouse.
- Notice of continued administration.
- Affidavit of any required publication.
- Michigan estate or inheritance tax information.
- Such other papers as are ordered by the court.

Pursuant to MCR 5.310(F) at any time during supervised administration, any interested person or the personal representative may petition the court to terminate supervised administration. If the personal representative does not complete estate administration within one year after the original appointment, a Notice of Continued Administration ([PC 587](#)) pursuant to MCL 700.3951 must be filed. A supervised administration must be closed by an Order of Complete Estate Settlement ([PC 595](#)) pursuant to MCL 700.3952. Pursuant to MCR 5.312, if an estate was terminated in supervised administration, it may only be reopened by petition and order of the court.

By choosing supervised administration, personal representatives lose a lot of flexibility and subject themselves to additional filing and notice requirements. It is unclear what advantage is to be gained since the same conclusiveness gained by court orders can be obtained by selectively using formal proceedings. Personal representatives can still file papers such as proof of service with the court even though not required to be filed since the court rules now allow such filing

within the discretion of the court. An estate can be closed by an order of complete estate settlement under section 3952 the same as for supervised administration. Supervised administration does force the personal representative to operate within a formal structure and it may give heirs and devisees some comfort to know that the personal representative is responsible to the court. The advantages and disadvantages should be discussed with an attorney and the choice should be made based upon the circumstances of each estate.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE</b> <input type="checkbox"/> TESTATE <input type="checkbox"/> INTESTATE	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

1. I, \_\_\_\_\_, am interested in the estate and make this petition as  
Name of petitioner

\_\_\_\_\_, as defined by MCL 700.1105(c).  
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

2. Decedent information: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      **XXX-XX-** \_\_\_\_\_  
Date of death      Time (if known)      Date of birth      Last four digits of SSN

Domicile (at date of death): \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
City/Township/Village      County      State

Estimated value of estate assets: Real estate: \$ \_\_\_\_\_ Personal estate: \$ \_\_\_\_\_

3.  A death certificate has been issued, and a copy is attached.  
 No death certificate is available. Attached is alternative documentation of the decedent's death.
4. As far as I know or could ascertain with reasonable diligence, the names and addresses of the heirs and devisees of the decedent and other interested persons, the relationship to the decedent, and the ages of any who are minors are:  
(Required testimony forms are attached.)

NAME	ADDRESS	RELATIONSHIP <small>(Heir / Devisee)</small>	AGE/DOB <small>(if minor)</small>
	Street address		
	City      State      Zip		
	Street address		
	City      State      Zip		
	Street address		
	City      State      Zip		

Of the interested persons listed above, the following are under legal disability or otherwise represented and presently have or will require representation:

NAME	LEGAL DISABILITY	REPRESENTED BY <small>Name, address, and capacity</small>

5.  a. Venue is proper in this county because the decedent was domiciled in this county on the date of death.  
 b. The decedent was not domiciled in Michigan, but venue is proper in this county because property of the decedent was located in this county at the date of death.
6. An application was previously filed and a personal representative was appointed informally.

(SEE SECOND PAGE)

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7. A personal representative has been previously appointed in \_\_\_\_\_ County, \_\_\_\_\_ State and the appointment has not been terminated. The personal representative's name and address are

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8.  a. The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_ is/are offered for probate and is/are  attached to this petition.  already in the court's possession.  
 b. An authenticated copy of the will and codicil(s), if any, probated in \_\_\_\_\_ County, \_\_\_\_\_ State is/are offered for probate, and documents establishing its probate accompany this petition.  
 c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are (Attach additional sheets as necessary.)

9. The decedent's will was  formally  informally probated on \_\_\_\_\_ in \_\_\_\_\_ County.

10. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is/are the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).

- a. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.  
 b. I am aware of an unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301, but the instrument is not being probated because

\_\_\_\_\_ The instrument  is attached to this petition.  is already in the court's possession.

11. I nominate \_\_\_\_\_ as personal representative, who is qualified and has the following priority for appointment: \_\_\_\_\_. His/her address is \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Other persons have prior or equal right to appointment. They are:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

13. The will expressly requests that the personal representative serve with bond.

14.  a. The decedent left a will that directs supervised administration.  
 b. The decedent left a will that directs unsupervised administration, but supervised administration is necessary for the protection of persons interested in the estate because (Complete on line below.)  
 c. The decedent died intestate or left a will that does not direct supervised administration, but supervised administration is necessary because (Complete on line below.)

15. A special personal representative is necessary because \_\_\_\_\_

**IREQUEST:**

16. An order determining heirs and that the decedent died  intestate.  testate and the document(s) stated in item 8 is/are valid and admitted to probate.  
 17. Formal appointment of the nominated personal representative  with  without bond.  
 18. Supervised administration.  
 19. Appointment of a special personal representative pending the appointment of the nominated personal representative.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Attorney signature

\_\_\_\_\_ Petitioner signature

\_\_\_\_\_ Attorney name (type or print) Bar no.

\_\_\_\_\_ Petitioner name (type or print)

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City, state, zip Telephone no.

\_\_\_\_\_ City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	TESTIMONY TO IDENTIFY HEIRS	FILE NO.
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Estate of \_\_\_\_\_  
First, middle, and last name

1. My name is \_\_\_\_\_ . My address is \_\_\_\_\_  
\_\_\_\_\_ .

2. I am related to the decedent (or know his/her family) as follows: \_\_\_\_\_

3. The date and time of the death of the decedent is \_\_\_\_\_ and at that time the  
decedent's domicile (residence) was \_\_\_\_\_ .  
Date Time Address

**NOTE: IN THE FOLLOWING QUESTIONS, TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 14 below.**

4. The decedent  did not leave a surviving spouse.  left a surviving spouse named \_\_\_\_\_ .

5.  a. The decedent had the following children, both natural (born in or out of wedlock) and adopted:  
\_\_\_\_\_  
\_\_\_\_\_

b. Of the children listed in 5.a, the following are no longer heirs due to their adoption by someone other than a stepparent:  
\_\_\_\_\_  
\_\_\_\_\_

c. Of the children listed in 5.a, the following were not children of the surviving spouse: \_\_\_\_\_  
\_\_\_\_\_

**Answer question 6 only if question 5.a. was checked.**

6.  a. The following children listed in 5.a. died before the decedent: \_\_\_\_\_  
\_\_\_\_\_

b. Children listed in 6.a. left their own children (either natural or adopted) or left grandchildren from one or more of their own predeceased children who survived the decedent. The names of these descendants and the name of the child in 6.a. to whom they are related are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

c. Of the persons listed in 6.b, the following are no longer heirs due to their adoption by someone other than a stepparent:  
\_\_\_\_\_  
\_\_\_\_\_

**If decedent left no surviving descendant, complete 7.**

7. The decedent  did not leave a surviving parent.  left a surviving parent named \_\_\_\_\_  
\_\_\_\_\_ .

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**If decedent is not survived by spouse, descendants, or parents, complete 8 (and 9, if applicable).**

8. The decedent  did not leave surviving brothers or sisters.  left the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:

\_\_\_\_\_

\_\_\_\_\_

9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are

\_\_\_\_\_

\_\_\_\_\_

**If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10 (and 11, if applicable).**

10. The decedent  did not leave surviving grandparents.  left surviving grandparents (both maternal and paternal) named

\_\_\_\_\_

11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationships to the grandparents are

Maternal grandparents: \_\_\_\_\_

Paternal grandparents: \_\_\_\_\_

12. The following heirs listed above are under legal disability and are currently living. Their name(s), legal disability, and name(s) of their representative(s) are \_\_\_\_\_

\_\_\_\_\_

13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent decedent's interests are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. The following persons identified above did not survive the decedent by 120 hours. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

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.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Judge/Deputy register/Notary public Bar no.

Notary public, State of Michigan, County of \_\_\_\_\_

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.



<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

**\*\*\*USE THIS FORM ONLY IF A DEVISEE NAMED IN THE WILL OR CODICIL IS NOT AN HEIR OF THE TESTATOR\*\*\***

**NOTE: TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 18 below.**

16. The names of all devisees named in the will and codicils who are not heirs of the decedent (include testamentary trustees and beneficiaries of testamentary trusts) are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Of the devisees listed in 16, the following died before the decedent. Their names and relationships to the decedent are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. The following devisees died within 120 hours after the decedent. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATIONSHIP	DATE OF DEATH	TIME OF DEATH

19. The following are descendants of the predeceased devisees named above, who survived the decedent:

\_\_\_\_\_

\_\_\_\_\_

20. Class gifts in the will or codicils, where the members are not specifically identified by name, are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SEE SECOND PAGE)

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21. The following devisees named above are under legal disability. Their names, legal disabilities, and names of their representative(s) are

\_\_\_\_\_  
\_\_\_\_\_

22. The following deceased devisees survived the decedent by more than 120 hours. Their names and the names of those who represent their interests are

\_\_\_\_\_  
\_\_\_\_\_

23. The guardian ad litem for each devisee under the will and codicils who is unborn, unknown, or unascertainable is

\_\_\_\_\_

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Judge/Deputy register/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE, NOTICE OF HEARING

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name (type or print)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER OF FORMAL PROCEEDINGS</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

1. Date of hearing: \_\_\_\_\_ Judge: MARK A. FEYEN P32369  
Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to or waived by all interested persons.

3. Decedent died \_\_\_\_\_  
Date

- a resident of the above named county.
- a nonresident of Michigan, but left an estate in the above named county.

4. Venue is proper.

5. Decedent's heirs are determined (specify names and relationships): \_\_\_\_\_

6. Decedent died

- intestate.
- with a valid, unrevoked will dated \_\_\_\_\_ with codicil(s) dated \_\_\_\_\_.

7. \_\_\_\_\_ is suitable for appointment pursuant to MCL 700.3203 and 700.3204.  
Name

8.  The decedent's will directs supervised administration. Since the execution of the will, the circumstances bearing on the need for supervised administration  have  have not changed.

- The decedent's will directs unsupervised administration.
- Supervised administration  is  is not necessary for the protection of persons interested in the estate.

**IT IS ORDERED:**

9. The petition is  granted.  denied on the merits.  dismissed/withdrawn.

10. The decedent died intestate.

11. The will and codicil(s) are valid and admitted to probate.

12. Estate administration shall be supervised.

13. \_\_\_\_\_ is appointed  personal representative  special personal representative of the decedent's estate and upon filing a statement of acceptance, letters shall issue to that personal representative  without bond.  upon filing a bond in the amount of \$ \_\_\_\_\_.

After qualification, the personal representative shall comply with all relevant requirements under the law.

14. The petition for supervised administration is denied.

15. Decedent's heirs are as determined in 5. above.

16. Other:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

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STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of \_\_\_\_\_

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility the  
not to exceed 91 days

following real estate or ownership interest in a business entity: \_\_\_\_\_  
Describe real property or business interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Attorney address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date of birth

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

TO:

Name and address	Telephone no.
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You have been appointed and qualified as personal representative of the estate on \_\_\_\_\_ . You are authorized to perform all acts authorized by law unless exceptions are specified below. Date

- Your authority is limited in the following way:
  - You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
  - Other restrictions or limitations are:

These letters expire: \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Date Judge (formal proceedings) Bar no.

SEE NOTICE OF DUTIES ON SECOND PAG

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

\_\_\_\_\_  
Date Deputy register

Do not write below this line - For court use only

**The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you.** See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

**CONTINUED ADMINISTRATION:** If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

**DUTY TO COMPLETE ADMINISTRATION OF ESTATE:** You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

**CHANGE OF ADDRESS:** You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

#### **Additional Duties for Supervised Administration**

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

**INVENTORY:** You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative. [MCL 700.3706, MCR 5.307, MCR 5.310(E)]

**ACCOUNTS:** You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

#### **Additional Duties for Unsupervised Administration**

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

**INVENTORY:** You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

NOTICE OF APPOINTMENT AND  
DUTIES OF PERSONAL REPRESENTATIVE

FILE NO.

Estate of \_\_\_\_\_

TO ALL INTERESTED PERSONS:

1. On \_\_\_\_\_ I was appointed personal representative as requested in the application or petition for probate of  
Date this estate (copy attached unless previously sent). I am serving  without bond.  with bond in the amount of \$ \_\_\_\_\_ .

The papers related to the estate are on file with the OTTAWA County Probate Court located at  
12120 FILLMORE ST WEST OLIVE, MI 49460 . This  is  is not a supervised administration.  
Address

- 2. Attached is a copy of the will of the decedent which  was  was not admitted to probate and under which I will administer, manage, and distribute the estate.
- 3. The court does not supervise the personal representative in the administration of an estate except in limited circumstances.
- 4. If I was appointed informally, you or another interested person may petition the court objecting to my appointment and/or demanding that I post a bond or an additional bond. The petition must be filed with the probate court along with the applicable fee. Unless the court grants the petition, I will continue to serve as appointed.
- 5. You or another interested person may petition for a hearing by the court on any matter at any time during the administration of the estate, including for distribution of assets and allowance of expenses of administration. The petition must be filed with the probate court along with the applicable fee.
- 6. If you continue to be an interested person (such as an heir of an intestate estate or devisee or beneficiary under the will of the decedent), I will provide you with: 1) a copy of the inventory within 91 days of my appointment; 2) unless waived by you, a copy of an account including fiduciary fees and attorney fees charged to the estate, within 1 year of my appointment; and 3) a copy of the closing statement or settlement petition when the estate is ready for closing.
- 7. To avoid penalties, I must have paid any federal estate and Michigan estate taxes within 9 months after the date of the decedent's death or another time period specified by law.
- 8. The estate may not be closed earlier than 5 months after the date of my appointment except in limited circumstances. If the estate is not settled within 1 year after my appointment, within 28 days after the anniversary of the appointment, I must file with the court and send to each interested person a notice that the estate remains under administration and the reason for the continuation of the estate. If you do not receive such a notice, you may petition the court for a hearing on the necessity for continued administration or for closure of the estate.

\_\_\_\_\_  
Date of notice

\_\_\_\_\_  
Attorney name Bar no.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

ATTENTION: The above duties are not the only duties required of the personal representative. This notice of appointment must be served on all interested persons within 14 days after the appointment of the personal representative.

Do not write below this line - For court use only



<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>NOTICE TO CREDITORS Decedent's Estate</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_ Date of birth: \_\_\_\_\_

**TO ALL CREDITORS: \***

**NOTICE TO CREDITORS:** The decedent, \_\_\_\_\_, died \_\_\_\_\_  
Date

Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to \_\_\_\_\_, personal representative, or to both the probate court at

Address \_\_\_\_\_ City \_\_\_\_\_

and the personal representative within 4 months after the date of publication of this notice.

\_\_\_\_\_ Date

Attorney name (type or print) \_\_\_\_\_ Bar no. \_\_\_\_\_

Personal representative name (type or print) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

**PUBLISH ABOVE INFORMATION ONLY**

Publish one time in \_\_\_\_\_ in \_\_\_\_\_ County  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_

Furnish affidavit of publication to the probate court with copy to \_\_\_\_\_

Forward statement for publication charges to \_\_\_\_\_

**\*NOTE TO PREPARER:** If there is a known creditor whose address is unknown and cannot be ascertained after diligent inquiry, insert "including [name of creditor] whose address and whereabouts are unknown."

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>NOTICE TO KNOWN CREDITORS</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

TO: \_\_\_\_\_  
 Name \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, zip \_\_\_\_\_

The fiduciary believes you may be a creditor of the estate. The attached notice to creditors was published \_\_\_\_\_ .  
Date

You have four months from the above date of publication or one month from the date this notice is sent to you, whichever is later, to present your written claim or it will be forever barred. You may use the Statement and Proof of Claim (form PC 579) to submit your claim. The written claim must be timely delivered or mailed to the fiduciary listed below. You may also send it to the probate court for filing along with a filing fee of \$20.00. You may also commence a suit against the estate in a court.

_____ Date	_____ Name of fiduciary to whom claim should be presented
_____ Attorney name (type or print) Bar no.	_____ Title
_____ Address	_____ Address
_____ City, state, zip Telephone no.	_____ City, state, zip

**PROOF OF SERVICE**

I certify that on \_\_\_\_\_ , I served a copy of this notice on the creditor by  
Date

- personal delivery to the creditor.
- mailing, with postage prepaid, to the address indicated in this notice.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date	_____ Signature
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Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>INVENTORY AMENDED (DECEDENT ESTATE)</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

I, \_\_\_\_\_, personal representative, submit the following as a complete  
Name (type or print)

and accurate inventory of all the assets of the estate and the fair market valuations as of \_\_\_\_\_ .  
Date of death

**PERSONAL PROPERTY AND REAL PROPERTY DESCRIPTION** If property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien. Definitions and instructions for completing the inventory are below and on the other side of this form. The values of all property are calculated as of the decedent's date of death. \*For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however, the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same. (Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
<b>Totals</b>	<b>Total Gross Value</b>		<b>Total Inventory Value</b>

I declare under the penalties of perjury that this inventory has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature	Signature
Attorney name (type or print) <span style="float:right;">Bar no.</span>	Name (type or print)
Address	Address
City, state, zip <span style="float:right;">Telephone no.</span>	City, state, zip <span style="float:right;">Telephone no.</span>

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.  
Do not write below this line - For court use only

## DEFINITIONS:

- **Real property** means land, including a building or house that is built on the land.
- **Personal property** means everything that a person owns except real property. Personal property includes bank accounts and checking accounts.

## INSTRUCTIONS TO COMPLETE THE INVENTORY:

1. List all real and personal property in the column **"Personal Property and Real Property Description."**
2. When listing real property, provide the legal description of the property and the name of any other owner.
  - a. If real property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien, and reduce the gross value (value as of date of death) by the amount of the lien, but the inventory value cannot be less than zero.
  - b. If the value of real property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.
  - c. If this form is filed in a guardianship, real property that the ward owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.
  - d. For each parcel of real property, calculate the value individually.
3. When listing personal property, provide enough detail to adequately determine the value. Some items should be listed separately and some items should be combined under one category. Provide the name and address of each financial institution listed. The address of a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
  - a. Examples of items that should be listed and valued separately are:
    - Automobiles
    - Jewelry
    - Bank accounts
    - Antiques
    - Any other individual item of high value
    - Life insurance if payable to the estate
    - Annuities
    - Mutual funds
    - Stocks and bonds
  - b. Examples of items that can be listed in categories are household items such as dishes, flatware, curtains, linens, utensils, clothing, furnishings, etc. These items can be grouped into several categories or combined into one category.
  - c. If personal property has been used to secure a loan, show the nature and amount of the lien, but do not deduct the lien amount from the gross value (value as of the date of death) of any item of personal property.
  - d. If the value of personal property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.
  - e. If this form is filed in a guardianship, personal property that the ward owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.



## DECEASED ESTATES

### INVENTORY INFORMATION:

Within 91 days of the date of the letters of authority, you must submit to the court the information necessary for computation of the probate inventory fee. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.

### DEDUCTION OF LIEN ON REAL PROPERTY ONLY MCL 600.871-amended

Beginning March 28, 2013, courts shall deduct a lien on real property (land and buildings/structures attached to the land) from the value of the estate. This applies only to estates where the decedent died on or after March 28, 2013. Two calculations shall be used by the courts, depending on a decedent's date of death:

- For all estates in which the date of death was before March 28, 2013, a lien on real property shall NOT be deducted from the value of the estate when calculating the inventory fee.
- For all estates in which the date of death was on or after March 28, 2013, a lien on real property SHALL be deducted from the value of the estate when calculating the inventory fee.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> COUNTY OF OTTAWA	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

<p><b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b></p>	<p><b>PETITION FOR COMPLETE ESTATE SETTLEMENT</b></p>	<p><b>FILE NO.</b></p>
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Estate of \_\_\_\_\_  
First, middle, and last name

1. I am the personal representative appointed on \_\_\_\_\_ by  the court.  the register.  
Date
2. Testacy  has  has not previously been formally adjudicated.
3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/ petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_
4. The time for presenting claims that arose prior to the decedent's death has expired.
5.  All claims properly presented have been paid, settled, or disposed of.  
 A schedule for payment of properly presented claims is filed and served with this petition.
6.  a. The decedent did not leave a will.  
 b. The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_  
 is/are offered for probate and is/are  attached to this petition.  already in the court's possession.  
 c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition.  
 The will is lost, destroyed, or otherwise unavailable, but its contents are: (attach additional sheets as necessary)  
 \_\_\_\_\_
- d. The decedent's will was informally probated on \_\_\_\_\_ in \_\_\_\_\_ County.  
Date
7. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).
8. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.
9. A final account  
 has been served on all interested persons.  
 is filed and served with this petition.
10.  All estate assets have been distributed as set forth in the final account.  
 A schedule for the distribution of all remaining assets of the estate is filed and served with this petition.
11.  No Michigan estate or inheritance tax is due.  
 Any Michigan estate tax or inheritance tax has been paid in full (evidence of full payment from Michigan Department of Treasury is attached).

Do not write below this line - For court use only

**I REQUEST:**

- 12.  An order determining heirs and that the decedent died  intestate.  testate and the document(s) stated in item 6 is/are valid and admitted to probate.
- The final account be approved and that any fiduciary fees and/or attorneys fees set forth in the final account be approved.
- The distributions previously made and/or all distributions as set forth in the schedule of distributions and payment of claims be approved.
- The personal representative be discharged.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Petitioner name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.



**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA**

**ORDER FOR  
COMPLETE ESTATE SETTLEMENT**

**FILE NO.**

Estate of \_\_\_\_\_

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

- 2. Notice of hearing was given to or waived by all interested persons.
- 3. The time for presenting claims has expired.
- 4. The final account is correct and ought to be allowed.
- 5.  a. The assets of the estate have been distributed, and all claims properly presented have been paid, settled, or disposed of.  
 b. The schedule for distribution and payment of claims correctly identifies the manner in which assets remaining in the estate shall be paid and/or distributed.
- 6.  a. No Michigan estate or inheritance tax is due.  
 b. Michigan estate tax or inheritance tax has been paid in full. (Evidence of full payment from Michigan Department of Treasury is attached.)
- 7. Decedent's heirs are determined as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8. Decedent died  
 a. intestate.  
 b. with a valid, unrevoked will dated \_\_\_\_\_ with codicil(s) dated \_\_\_\_\_.

**IT IS ORDERED:**

- 9. The decedent died intestate.
- 10. The will and codicil(s) are valid and admitted to probate.
- 11. The final account is approved.
- 12. Fiduciary fees and/or attorney fees are approved except \_\_\_\_\_.
- 13. Distributions already made or as set forth in the schedule for distribution and payment of claims are approved.
- 14. Authority of the personal representative is terminated.
- 15. The personal representative is discharged from liability.
- 16. The bond is cancelled.
- 17. Estate administration is closed.
- 18. Upon filing evidence of payment of the claims and distributions as set forth above (if any), the authority of the personal representative may be terminated and an order of discharge entered.
- 19. Decedent's heirs are as determined in item 7 above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no. \_\_\_\_\_

\_\_\_\_\_  
Attorney name (type or print) Bar no. \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no. \_\_\_\_\_

Do not write below this line - For court use only

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

NOTICE OF CONTINUED ADMINISTRATION

FILE NO.

Estate of \_\_\_\_\_

1. The original appointment of the first personal representative occurred on \_\_\_\_\_ .  
Date

The administration has been continued annually since the date of the original appointment.

The estate was reopened and the first personal representative for the reopened estate was appointed on \_\_\_\_\_ .  
Date

2. The estate remains under administration. The continued administration is necessary because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney signature  
\_\_\_\_\_  
Attorney name (type or print) Bar no.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Personal representative signature  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

**NOTE:** Send this notice to all interested persons.

Do not write below this line - For court use only