

**UNSUPERVISED PROBATE PACKET  
INFORMAL**

**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 informal probate
- Application for Informal Probate along with necessary documents\* (PC 558)  
\*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 (PC 565)
- Supplemental Testimony (PC 566)
- Renunciation of Right to Appointment (PC 567)
- Notice of Intent to Request Informal Appointment of Personal Representative (PC 557)
- Register's Statement (PC 568)
- Acceptance of Appointment (PC 571)
- Letters of Authority for Personal Representative (PC 572)

\*If required, you must also file any renunciation of appointment or notice of intent before the Register will issue Letters of Authority, please see instruction sheet for further information.

**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)
- Sworn Statement to Close (PC 591)
- Certificate of Completion (PC 592)
- 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)

## Informal Proceedings

### From Beginning to Register's Statement

#### Informal Proceedings

Informal proceedings are commenced by filing an application directed to the register. The application may be for informal probate (informal admission of a will) or appointment of a personal representative or both. Informal proceedings are defined in EPIC to mean proceedings for probate of a will or appointment of a personal representative conducted by the probate register without notice to interested persons. This material will deal only with informal proceedings. **If you are attempting to admit a copy (or anything other than an original) of a will you must file a petition not an application, see formal proceedings instructions.**

Only an "interested person" may file an application for informal probate or appointment or both. Interested person is defined very broadly by MCL 700.1105(a):

**"interested person" includes, but is not limited to, an heir, devisee, child, spouse, creditor, and beneficiary and any other person that has a property right in or claim against a trust estate or the estate of a decedent, ward, or protected individual; a person that has priority for appointment as personal representative; and a fiduciary representing an interested person.**

There are two important terms that should be briefly defined now. Devisee is a person designated to receive property in a will. Heir is a person who is entitled under the statute of intestate succession to a decedent's property.

The forms and documents which must be filed with or presented to the register to commence an informal proceeding are:

- Application for Informal Probate and/or Appointment of Personal Representative (Testate/Intestate) ([PC 558](#)) and payment of \$175.00. The application should be completely and carefully filled out.
- Copy of death certificate.
- ORIGINAL Will and codicil, if any.
- Testimony of Interested Persons ([PC 565](#)).
- Supplemental Testimony Interested Persons Testate Estate ([PC 566](#)). This form is only filed if decedent left a will and some of the devisees named in the will and codicils are not heirs of the testator.
- Register's Statement ([PC 568](#)).
- Acceptance of Appointment ([PC 571](#)). A bond is not required unless the will requires a bond or bond is demanded under MCL 700.3605 (by person having an interest in the estate worth in excess of \$2,500 or a creditor having a claim against the estate in excess of \$2,500).
- Letters of Authority for Personal Representative ([PC 572](#)).

Persons who are not disqualified have priority for appointment in the following order pursuant to MCL 700.3203(1):

- The person with priority as determined by a probated will include a person nominated by a power conferred in a will.
- The surviving spouse if the spouse is a devisee under the will.
- Other devisees.
- The surviving spouse.
- Other heirs.
- After 42 days after the decedent's death, the nominee of a creditor if the court determines the nominee suitable.
- State or county public administrator.
- A person with priority under 2 through 5 above may nominate a qualified person to serve as personal representative and that nominee has the priority of the nominator pursuant to MCL 700.3203(3).

Under MCL 700.3310 an applicant seeking appointment in an informal proceeding must give notice to each person having a prior or equal right to appointment who has not waived the right. Such a waiver may be accomplished by filing a Waiver and Consent ([PC 561](#)). The applicant must also serve a copy of the application on those persons pursuant to MCR 5.709(C). The notice and service of the application must be made at least 14 days by mail or publication or 7 days by personal service prior to appointment. A proof of service must also be filed with the court pursuant to MCR 5.709(C)(2).

In an informal proceeding for original probate of a will, MCL 700.3303(1) requires that the register shall determine whether all of the following are true:

- The application is complete.
- The applicant has made oath or affirmation that the statements contained in the application are true to the best of the applicant's knowledge and belief.
- The applicant appears from the application to be an interested person.
- On the basis of the statements in the application, venue is proper.
- An original, properly executed, and apparently unrevoked will is in the register's possession.
- That the application is not within section 3304. This section provides that the register shall deny an application for informal probate if the probate relates to 1 or more of a known series of testamentary instruments, not including a will and 1 or more codicils to that will, the latest of which instrument does not expressly revoke the earlier.

In informal appointment proceedings, MCL 700.3308(1) requires that the register shall determine whether all of the following are true:

- The application for the personal representative's informal appointment is complete.
- The applicant has made oath or affirmation that the statements contained in the application are true to the best of the applicant's knowledge and belief.
- The applicant appears from the application to be an interested person.
- On the basis of the statements in the application, venue is proper.
- A will to which the requested appointment relates has been formally or informally probated. This subdivision does not apply to the appointment of a special personal representative.

- The person whose appointment is sought has priority to the appointment or the requirements of section 3310 (explained previously) have been satisfied.

If all papers are in order and the register is able to make the required findings, the register will sign the Register's Statement and immediately issue Letters of Authority. If the register denies the application, the register shall state the reason for the denial. The denial is not adjudication. There is no appeal from this denial. Essentially, a denial will require that you begin probate by formal proceedings.

|   |   |                 |
|---|---|-----------------|
| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY OF OTTAWA</b> | <b>APPLICATION FOR INFORMAL PROBATE<br/>AND/OR APPOINTMENT OF PERSONAL<br/>REPRESENTATIVE (TESTATE/INTESTATE)</b> | <b>FILE NO.</b> |
|---|---|-----------------|

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

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

\_\_\_\_\_  
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

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

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

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 spouse, children, devisees, and heirs 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* | AGE/DOB<br>(if minor) |
|------|--------------------------|---------------|-----------------------|
|      | Street address           |               |                       |
|      | City      State      Zip |               |                       |
|      | Street address           |               |                       |
|      | City      State      Zip |               |                       |
|      | Street address           |               |                       |
|      | City      State      Zip |               |                       |

\*Specify spouse, child, devisee, or heir.

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<br><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.

(SEE SECOND PAGE)

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6.  a. The decedent died intestate and 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 (if this statement is true, the probate register must deny this application according to MCL 700.3311): \_\_\_\_\_
- The instrument  is attached to this application.  is already in the court's possession.
- c. The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_, is/are offered for probate and  is/are attached to this application.  is/are already in the court's possession.
- d. An authenticated copy of the will and codicil(s), if any, probated in \_\_\_\_\_ County, \_\_\_\_\_ is/are offered for probate, and documents establishing its probate are attached to this application.  
State

7. To the best of my knowledge, I believe that the instrument(s) subject to this application, 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. A personal representative has been previously appointed in \_\_\_\_\_ County, \_\_\_\_\_ and the appointment has not been terminated. The personal representative's name and address are: State

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. Other persons have prior or equal right to appointment as personal representative. They are:

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

Suitable renunciations, nominations, and/or a Notice of Intent to Seek Informal Appointment and proof of its service have been or will be filed.

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

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

**I REQUEST:**

13. Informal probate of the will.

14. Informal appointment of the nominated personal representative  with  without bond.

15. The appointment of a special personal representative pending the appointment of the nominated personal representative.

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

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

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

|   |                                |          |
|---|--------------------------------|----------|
| STATE OF MICHIGAN<br>PROBATE COURT<br>COUNTY OF | TESTIMONY TO<br>IDENTIFY HEIRS | FILE NO. |
|---|--------------------------------|----------|

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

(SEE SECOND PAGE)

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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<br/>PROBATE COURT<br/>COUNTY OF</b> | <b>SUPPLEMENTAL TESTIMONY<br/>TO IDENTIFY NONHEIR DEVISEES<br/>Testate Estate</b> | <b>FILE NO.</b> |
|--|---|-----------------|

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)

Do not write below this line - For court use only

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.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

RENUNCIATION OF RIGHT TO APPOINTMENT,  
NOMINATION OF PERSONAL  
REPRESENTATIVE AND WAIVER OF NOTICE

FILE NO.

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

- 1. I, \_\_\_\_\_, have a prior or equal right to appointment as personal representative.  
Name (type or print)
- 2.  I renounce that right.
- 3.  I have the right to nominate and I nominate and request the appointment of \_\_\_\_\_ as personal representative.  
Name (type or print)
- I renounce my right to nominate a qualified person to act as personal representative.
- 4.  I waive notice of the appointment.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

NOTE: A person with priority as determined by a probated will, including a person nominated by a power conferred in the will, does not through this priority have the power to nominate another to be personal representative.

Do not write below this line - For court use only

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

**NOTICE OF INTENT TO REQUEST  
INFORMAL APPOINTMENT OF  
PERSONAL REPRESENTATIVE**

**FILE NO.**

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

I, \_\_\_\_\_, intend to request my informal appointment  
Name as personal representative of the estate. A copy of the application is attached. This notice is being served upon each person whose right to an appointment is prior or equal to my own. The court will not act upon my application until 14 days after the date this notice was mailed or until 7 days after this notice was personally served.

The actions you may take include:

- Upon paying a filing fee, filing a petition for formal proceedings to appoint a personal representative.
- Upon paying a filing fee, filing an application for informal appointment of yourself as personal representative provided you have a higher priority to be appointed.
- Contacting an attorney for assistance in representing you in any proceeding you wish to file in the court.

The court will not be able to provide you with any legal advice in completing or filing the forms.

|                  |               |                     |
|------------------|---------------|---------------------|
| Attorney name    | Bar no.       | Date                |
| Address          |               | Applicant signature |
| City, state, zip | Telephone no. | Address             |
|                  |               | City, state, zip    |
|                  |               | Telephone no.       |

**NOTICE TO APPLICANT:** You must attach this notice and a proof of service to the application for informal appointment when you file it with the court. If you are unable to serve an interested person because the address or whereabouts of that interested person is unknown, you must publish notice by using form PC 563a.

Do not write below this line - For court use only

|   |                             |                 |
|---|-----------------------------|-----------------|
| <b>STATE OF MICHIGAN</b><br><b>PROBATE COURT</b><br><b>COUNTY OF</b> OTTAWA | <b>REGISTER'S STATEMENT</b> | <b>FILE NO.</b> |
|---|-----------------------------|-----------------|

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

1. An application has been filed requesting
  - informal probate of the will of the above named decedent.
  - the appointment of a personal representative.
  - the previously administered estate be reopened.
  - appointment of a successor personal representative.
2. Upon consideration of the application, I determine that all of the following are true:
  - a. Venue is proper.
  - b. The application is complete and made in accordance with MCL 700.3301 or MCR 5.312.
  - c. The applicant appears to be an interested person.
  - d. An original, properly executed, and apparently unrevoked will dated \_\_\_\_\_ with codicil(s) dated \_\_\_\_\_ is in my possession.
    - An authenticated copy of the will and codicil(s) probated in \_\_\_\_\_ County \_\_\_\_\_ is offered for informal proceedings and documents establishing probate in another state are in my possession.
  - e. The application is not within MCL 700.3304 or MCR 5.144.
  - f. A will to which the requested appointment relates has been formally or informally probated.
  - g.  The person whose appointment is sought has priority to the appointment, with or without appropriate nomination and/or renunciation.
    - The applicant gave notice of his/her intention to seek an informal appointment to each person having a prior or equal right to an appointment not waived in writing and filed with the court.
  - h. There is good cause to reopen the previously administered estate and appoint a personal representative. The estate was not closed under supervised administration.
3. The will dated \_\_\_\_\_ with codicils dated \_\_\_\_\_ is admitted to informal probate.
4. \_\_\_\_\_ is appointed
  - personal representative       special personal representative       successor 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.
5. The application is denied because:
  - a personal representative has been appointed in this or another county of this state and continues to serve.
  - this or another will of the decedent has been the subject of a previous probate order.
  - the probate relates to one or more of a known series of testamentary instruments, the latest of which does not expressly revoke the earlier.
  - other:
6. The estate is reopened.       Letters of authority expire \_\_\_\_\_ .

\_\_\_\_\_  
Date

\_\_\_\_\_  
Register

\_\_\_\_\_  
Attorney name (type or print)      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<br/>PROBATE COURT<br/>COUNTY OF OTTAWA</b> | <b>LETTERS OF AUTHORITY FOR<br/>PERSONAL REPRESENTATIVE</b> | <b>FILE NO.</b> |
|---|---|-----------------|

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

TO:

|                  |
|------------------|
| Name and address |
|------------------|

|               |
|---------------|
| Telephone no. |
|---------------|

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)/Register (informal proceedings) Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

\_\_\_\_\_  
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

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**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<br/>PROBATE COURT<br/>COUNTY OF OTTAWA</b> | <b>NOTICE TO CREDITORS<br/>Decedent's Estate</b> | <b>FILE NO.</b> |
|---|--|-----------------|

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."

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|   |                                  |                 |
|---|----------------------------------|-----------------|
| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY OF     OTTAWA</b> | <b>NOTICE TO KNOWN CREDITORS</b> | <b>FILE NO.</b> |
|---|----------------------------------|-----------------|

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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|   |  |                 |
|---|--|-----------------|
| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY OF OTTAWA</b> | <b>INVENTORY<br/>AMENDED<br/>(DECEDENT ESTATE)</b> | <b>FILE NO.</b> |
|---|--|-----------------|

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

| <b>PERSONAL PROPERTY AND REAL PROPERTY DESCRIPTION</b> 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.

|  |   |
|--|---|
|  | Date  |
| 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.

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## 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.

|   |                         |                 |
|---|-------------------------|-----------------|
| <b>STATE OF MICHIGAN</b><br><b>PROBATE COURT</b><br><b>COUNTY OF OTTAWA</b> | <b>PROOF OF SERVICE</b> | <b>FILE NO.</b> |
|---|-------------------------|-----------------|

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.

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|   |   |                 |
|---|---|-----------------|
| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY OF OTTAWA</b> | <b>SWORN STATEMENT TO CLOSE<br/>UNSUPERVISED ADMINISTRATION</b><br><input type="checkbox"/> <b>SUPPLEMENTAL</b> | <b>FILE NO.</b> |
|---|---|-----------------|

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

1. I am the personal representative of this estate. Upon filing this sworn statement with the court, this estate will be closed without a hearing. More than five months have passed since the date of the appointment of the original personal representative.
2. If required by law or court rule, I have published notice to creditors, and the time for presentment of claims has expired.
3. I have fully administered this estate by paying, settling, or disposing of the claims that were presented, the estate and administration expenses, and all other taxes. I have distributed the assets of the estate to the persons entitled to the assets.\*
4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:

(Check only one box, as appropriate.)

5.  a. The decedent died before October 1, 1993, and no Michigan inheritance tax is due. A certificate of no inheritance tax liability from the Michigan Department of Treasury is attached or has been filed.  
 b. The decedent died on October 1, 1993, or later and no Michigan estate tax is due.  
 c. Michigan estate or inheritance tax has been paid in full. (Evidence of full payment from Michigan Department of Treasury is attached or has been filed.)
6. I sent a copy of this sworn statement to all distributees and to all claimants whose claims are neither paid nor barred and to all demandants. I furnished a full account in writing to the distributees whose interests are affected by the administration.
7. I reopened the estate and have completed the administration.

\_\_\_\_\_  
Personal representative signature Address

\_\_\_\_\_  
Personal representative name (type or print) City, state, zip Telephone no.

Sworn to before me on \_\_\_\_\_ Date \_\_\_\_\_ County, Michigan.

My commission expires: \_\_\_\_\_ Date Signature: \_\_\_\_\_

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

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

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

**NOTICE TO INTERESTED PERSON(S):** You may object to this sworn statement by filing written objections with the probate court mentioned above along with a \$20 filing fee. If an objection is not filed within 28 days after this sworn statement is filed with the court, the probate register may issue a certificate stating that it appears that you have fully administered this estate. The certificate does not preclude any action against you or the surety on a bond you may have obtained. If an action or proceeding involving you is not pending in this court one year after this sworn statement is filed, your appointment ends.

**\*Note:** Specify any exceptions. If any claims remain undischarged, state whether the estate was distributed subject to possible liability with the agreement of the distributees, or state in detail other arrangements that were made to accommodate outstanding liabilities.

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|   |  |                 |
|---|--|-----------------|
| <b>STATE OF MICHIGAN</b><br><b>PROBATE COURT</b><br><b>COUNTY OF</b> OTTAWA | <b>CERTIFICATE OF COMPLETION</b><br><br><input type="checkbox"/> <b>SUPPLEMENTAL</b> | <b>FILE NO.</b> |
|---|--|-----------------|

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

I certify that:

- sworn closing statement, summary proceeding, small estates
1. The  sworn statement to close unsupervised administration

of \_\_\_\_\_, the personal representative(s) of the estate, was  
Name  
 filed on \_\_\_\_\_, more than 28 days ago.  
Date

2. No objection has been filed.
3. The personal representative(s) appear(s) to have fully administered the estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Register

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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