AFFIDAVIT OF DECEDENT'S SUCCESSOR

FOR DELIVERY OF CERTAIN ASSETS OWNED BY DECEDENT

- 1. If a spouse, child, or other heir has been deceased for at least 28 days, there is a process that allows for distribution of property if the following apply:
- When there is no real property included in the estate
- The estate does not exceed \$15,000 (less liens/encumbrances)**
- There has been no estate or petition for assignment of an estate filed with the Probate Court
 - 2. If the all of the above apply, form PC 598 (Affidavit of Decedent's Successor for Delivery of Certain Assets Owned by Decedent) can be filled out and property distributed accordingly.
 - 3. Please consult Michigan Compiled Laws, Section 700.3983 or seek the advice of an attorney in regard to this procedure; this form is not filed with the Probate Court, and court staff cannot provide legal advice.

**COLA amounts:

Year 2010	\$20,000
Year 2011	\$20,000
Year 2012	\$21,000
Year 2013	\$21,000
Year 2014	\$22,000
Year 2015	\$22,000
Year 2016	\$22,000
Year 2017	\$22,000
Year 2018	\$23,000

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E	state of							
1.	I am decedent's successor as surviving	spouse	adult child	\Box other heir \Box	pecify			
	devisee under the will dated	·		·	,			
	fiduciary or representative of	duciary or representative of who is an heir or devisee and has a legal incapacity.						
2.	Decedent died a resident of on City, township, or village and county and state Date							
	More than 28 days have passed since decedent's death.							
3.	No real property is included in the estate							
4.	 Decedent's estate, less liens and encumbrances, does not exceed \$15,000 (as adjusted for cost of living as provided in MCL 700.1210). 							
5.	An application/petition for the appointment A petition for assignment of an estate no							
6.	I am entitled to payment or delivery of the	e following property	/:			·		
7.	The name and address of each other pe	rson entitled to a s	hare of the propert	ty and his/her p	proportion is as follo)WS:		
	NAME		ADDRESS		RELATIONSHIP	SHARE %		
8.	A copy of the death certificate is attached	d.						
			Signature					
			Name (type or print	t)				
			Address					
			City, state, zip					
ς.	ubscribed and sworn to before me on							
	Date	•	County and st		diction where acting			
M	y commission expires:	Signature: _						
N	otary public, County and state or other jurisdic	tion where commission	ed					

NOTICE: A false statement on this affidavit may subject the person swearing to the statement to prosecution for perjury.