

State of Michigan County of Ottawa Probate Court	CHANGE OF ADDRESS NOTIFICATION	Case Number:
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In the matter of: _____

As guardian/conservator/personal representative appointed by the Court, I am required to inform the court and all interested persons of any change of my address and/or that of my ward within 7 days.

I am submitting a change of address for the following individual(s):

NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CURRENT PHONE: _____

NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CURRENT PHONE: _____

*Please note that if changing an address for a ward to an assisted living or nursing facility please provide the name of said facility.

DATE: _____

SIGNATURE: _____

PRINT: _____

Return completed form to: OTTAWA COUNTY PROBATE COURT
12120 FILLMORE STREET
WEST OLIVE MI 49460
FAX: 616-738-4624