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Judges

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Court Administrator/Magistrate

CATHY VOUGHT  
Friend of the Court



**STATE OF MICHIGAN**

COUNTY OF OTSEGO  
46<sup>th</sup> CIRCUIT COURT  
87-A DISTRICT COURT  
OTSEGO COUNTY PROBATE COURT  
[www.circuit46.org](http://www.circuit46.org)

**PLEASE REPLY TO:**

800 Livingston Blvd. Ste 1C  
Gaylord, MI 49735  
Circuit Ph: (989) 731-0225 ☐  
Family Ph: (989) 731-0214 ☐  
Probate Ph: (989) 731-0204 ☐  
District Ph: (989) 731-0201 ☐

Friend of the Court:  
800 Livingston Blvd. Suite 1A  
Gaylord, MI 49735  
Ph: (989) 731-7450

800 Livingston Blvd. Suite 3B  
Gaylord, MI 49735

## INFORMAL ESTATES

### Forms filed in the County of Residence of the Decedent (from death certificate):

- 1) Application for Informal Probate and/or Appointment of Personal Representative (PC 558) – filed by an ‘interested person’ as defined in statute and/or court rule
- 2) Death Certificate
- 3) Original Will and Codicil, if any
- 4) Testimony to Identify Heirs (PC 565)
- 5) Supplemental Testimony to Identify Nonheir Devisees (PC 566), if there are any devisees who are not heirs
- 6) Acceptance of Appointment (PC 571)
- 7) Other forms may be required, depending on circumstances

### Filing Fee:

\$175.00 filing fee + \$12.00 for certified copy of Letters of Authority = \$187.00 total  
(\$12.00 per additional certified copy of Letters of Authority)

### Priority for Appointment:

- 1) Person nominated in will, if any
- 2) Surviving spouse, if a devisee under the will
- 3) Other devisees
- 4) Surviving spouse
- 5) Other heirs
- 6) After 42 days of the decedent’s death, the nominee of a creditor
- 7) State or county public administrator
- 8) A person with priority under 2-5 above may nominate a qualified person

### Recommendation Regarding Attorney:

An attorney should be consulted and retained to handle probate proceedings, especially if there is real estate involved. Estates are almost always complicate enough to justify such professional services.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>APPLICATION FOR INFORMAL PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE (TESTATE/INTESTATE)</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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)                      Put DOB in Ref. No. row 1 on MC 97.                      XXX-XX-                      Put last 4 digits of SSN in Ref. No. row 2 on MC 97.                      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 accompanies this application as a separate document.  
 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 (if minor)**
	Street address		
	City                      State                      Zip		
	Street address		
	City                      State                      Zip		
	Street address		
	City                      State                      Zip		
	Street address		
	City                      State                      Zip		

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

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

4. (continued)

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 Name, address, and capacity

- 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.  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, \_\_\_\_\_ State is/are offered for probate, and documents establishing its probate are attached to this application.

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, \_\_\_\_\_ State and the appointment has not been terminated. The personal representative's name and address are:

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

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

\_\_\_\_\_  
 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTSEGO

TESTIMONY TO  
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 death of the decedent is \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ and at that time the  
 decedent's domicile (residence) was \_\_\_\_\_ 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)

Do not write below this line - For court use only

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 relationship 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, relationship 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:

Date \_\_\_\_\_

Signature: \_\_\_\_\_

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. \_\_\_\_\_

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTSEGO

SUPPLEMENTAL TESTIMONY  
TO IDENTIFY NONHEIR DEVISEES  
Testate Estate

FILE NO.

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 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 the 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:

\_\_\_\_\_ Date

Signature: \_\_\_\_\_

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</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
---	----------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

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  
not to exceed 91 days

the 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.

Put DOB in row 10 on MC 97a.  
 \_\_\_\_\_  
 Date of birth

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.