

# **COMMENCEMENT OF INFORMAL PROBATE**

ENCLOSED ARE THE BASIC FORMS FOR COMMENCEMENT PROBATING AN INFORMAL ESTATE.  
YOU MAY NOT NEED EVERY FORM ENCLOSED OR YOU  
MAY NEED ADDITIONAL FORMS DEPENDING ON THE CIRCUMSTANCES  
INVOLVED IN THE ESTATE.

## **FEES:**

- THE INITIAL FILING FEE OF **\$175.00** IS DUE AT THE TIME OF FILING BASED UPON THE PROBATE COURT FEE SCHEDULE.
- AN **INVENTORY FEE**, BASED ON THE ASSETS OF THE ESTATE, MUST BE PAID TO THE COURT PRIOR TO DISTRIBUTION AND CLOSING OF THE ESTATE.
- CERTIFIED LETTERS OF AUTHORITY ARE **\$12.00** EACH ACCORDING TO THE PROBATE COURT FEE SCHEDULE.
- COPIES OF THE REGISTER'S STATEMENT ARE **\$1.00** EACH ACCORDING TO THE PROBATE COURT FEE SCHEDULE.
- THERE MAY ALSO BE ESTATE OR OTHER TAXES DUE TO THE STATE OF MICHIGAN OR TO THE INTERNAL REVENUE SERVICE, WHICH ARE NOT HANDLED THROUGH THIS OFFICE.

**PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE OR HELP YOU FILL OUT THESE FORMS. IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.**

## **STANDARD FORMS FOR COMMENCEMENT OF INFORMAL PROBATE:**

- Application for Informal Probate and/or Appointment of Personal Representative (Testate/Intestate) (PC 558)
- Protected Personal Identifying Information (MC 97)
- Testimony to Identify Heirs (PC 565)
- Supplemental Testimony to Identify Nonheir Devisees, Testate Estate (PC 566)
- Notice of Intent to Request Informal Appointment of Personal Representative (PC 557)
- Proof of Service (PC 564)
- Renunciation of Right to Appointment, Nomination of Personal Representative and Waiver of Notice (PC 567)
- Acceptance of Appointment (PC 571)
- Addendum to Protected Personal Identifying Information (MC 97a)
- Register's Statement (PC 568)
- Letters of Authority for Personal Representative (PC 572)
- Inventory PC (577)

## **EPIC FORMS**

These forms and additional SCAO approved forms are available and can be viewed, printed, and completed at <http://courts.michigan.gov>.

## **ADDITIONAL DOCUMENTS REQUIRED AT FILING:**

- The original Last Will and Testament and any Codicils (if applicable)
- Death Certificate

**Informal Probate**

**Revised 10/2024**

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> OSCEOLA <b>COUNTY</b>	<b>APPLICATION FOR INFORMAL PROBATE                  AND/OR APPOINTMENT OF PERSONAL                  REPRESENTATIVE (TESTATE/INTESTATE)</b>	<b>CASE NO. and JUDGE</b>  HON. TYLER THOMPSON (P70870)
<b>Court address</b> 301 W. UPTON AVE. REED CITY MI 49677		<b>Court telephone no.</b> 231-832-6124

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

Applicant's name, address and telephone no.

Applicant'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.a. 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.b. 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: \_\_\_\_\_  
 Name \_\_\_\_\_ 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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE  Hon. Tyler Thompson P70870
Osceola		
Court address 301 W. Upton Ave, Reed City, MI 49677		Court telephone no. 231-832-6124
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.

STATE OF MICHIGAN OSCEOLA PROBATE COURT COUNTY	TESTIMONY TO IDENTIFY HEIRS	CASE NO. and JUDGE Hon. Tyler Thompson (P70870)
Court address 301 W. UPTON AVE., REED CITY MI 49677		Court telephone no. 231-832-6124

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

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 <input type="checkbox"/> did not leave a surviving spouse. <input type="checkbox"/> left a surviving spouse named _____
5. <input type="checkbox"/> a. The decedent had the following children, both natural (born in or out of wedlock) and adopted: _____
<input type="checkbox"/> b. Of the children listed in 5a, the following are no longer heirs due to their adoption by someone other than a stepparent: _____
<input type="checkbox"/> c. Of the children listed in 5a, the following were not children of the surviving spouse: _____ _____

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

6. <input type="checkbox"/> a. The following children listed in 5a died before the decedent: _____ _____
<input type="checkbox"/> b. Children listed in 6a 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 6a to whom they are related are as follows: _____ _____
<input type="checkbox"/> c. Of the persons listed in 6b, 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 \_\_\_\_\_

**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



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> OSCEOLA <b>COUNTY</b>	<b>SUPPLEMENTAL TESTIMONY</b> <b>TO IDENTIFY NONHEIR DEVISEES</b> Testate Estate	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson (P70870)
Court address 301 W UPTON AVE., REED CITY, MI 49677		Court telephone no. 231-832-6124

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

**\*\*\*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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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

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

\_\_\_\_\_  
Address

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

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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OSCEOLA

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.	Applicant signature	Date
_____		_____	
Address		Address	
_____		_____	
City, state, zip	Telephone no.	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 PROBATE COURT COUNTY OF OSCEOLA</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: \_\_\_\_\_

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

# Instructions for Completing Proof of Service (PC 564)

A person filing a paper or document with the court must serve a copy on all interested persons. The person who obtains an order from the court must serve a copy of the order on all interested persons. MCR 5.107(A). It is the responsibility of the petitioner, fiduciary, or other moving party to prepare, serve and file notice of hearing for all matters requiring notification of interested persons. MCR 5.102. Accounts and reports required to be served on interested persons **will not be accepted for filing without proof of service.** MCR 5.104(A)(1).

“Serving” a document on a person means having the document delivered to that person. There are two main ways to serve documents: (1) by mail and (2) by personal delivery. If a person's address is unknown, they must be given notice by publication in a newspaper. A “proof of service” shows the court that a document was served as required by law.

**WHO TO SERVE** - Michigan Court Rule (MCR) 5.125 identifies Interested Persons – those required to be served – for many different types of probate proceedings, including guardianships, conservatorships, estates and trusts. Additionally, MCR 5.113(B)(1)(3) requires that a petition list the current name and address of interested persons, so you can find the information on the petition or a recent proof of service filed in the same matter. You can also get some of the other information for the Proof of Service from the document(s) you are serving.

When you complete the Proof of Service you should print neatly or use a typewriter. If you have Internet access, you can fill out the form online at <http://courts.michigan.gov/scao/courtforms/probate/pc564.pdf> and print it out. The numbered items below correspond to the numbers on the SAMPLE Proof of Service attached.

- 1 & 2 File no. - Fill in the trial court case name and number. You can copy this information from the first page of the document that you are serving.
3. Papers served - Fill in the name of each document you are serving. This is commonly found on the top of the first page of each document.

## **SERVICE BY MAIL**

4. Check boxes – service by (regular) mail is generally required at least **14 days** before the date set for hearing, or an adjourned date. MCR 5.108(B).
  5. Name of each person served by mail.
  6. Address of each person served by mail.
-

7. Date of mailing - "... in a sealed envelope with first-class postage fully prepaid, addressed to the person to be served, and depositing the envelope and its contents in the United States mail. Service by mail is complete at the time of mailing." MCR 5.105(B)(2).

## PERSONAL SERVICE

8. Check box – personal service is generally required at least **7 days** before the date set for hearing, or an adjourned date. MCR 5.108(A).
9. Name of person personally served.
10. Address where person personally served.
11. Date and time of personal service - may be made on an individual by handing the paper to the individual personally; leaving it at the person's usual residence with some person of suitable age and discretion residing there; or sending the paper by register or certified mail, return receipt requested, and delivery restricted to the addressee; but service is not complete until the individual receives the paper. MCR 5.105(B)(1).
12. Check box – If you are unable to serve an Interested Person because their whereabouts remain unknown *after diligent inquiry*, service must be made by publication. Generally, a notice required to be made by publication must be published in a newspaper in the county where the court is located one time at least **14 days** before the date of the hearing. Use PC 563-Publication of Notice of Hearing or PC 563a-Publication of Notice. A copy of the notice must be mailed to the person's last known address, if any is known. MCR 5.106.
13. Name of person(s) served by publication - PC 617-Declaration of Intent to Give Notice by Publication **MUST** be completed for EACH person receiving notice by publication and attached to the Proof of Service when filed. After notice by publication is given once, that person need not be served again unless their address becomes known during the proceedings. MCR 5.105(A)(3)
14. Your signature and date of signing - **By signing form PC 564, you are declaring, under penalty of perjury, that the information you put in the form is true and correct.**

Make enough copies of each document served and the Proof of Service for each person served, plus one copy for your own records. File the originals of all documents and the Proof of Service with the court.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OSCEOLA

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



<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>  Osceola Court address 301 W. Upton Ave, Reed City, MI 49677	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson P70870
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	Court telephone no. 231-832-6124
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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 NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**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 97a is being filed with: \_\_\_\_\_

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

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

STATE OF MICHIGAN OSCEOLA	PROBATE COURT COUNTY	REGISTER'S STATEMENT	CASE NO. and JUDGE  Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave., Reed City MI 49677		Court telephone no. 231-832-6124	

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

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 a 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. The authority of the prior personal representative has been terminated by death, resignation, or appointment of a conservator.
5. \_\_\_\_\_ 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 the amount of \$ \_\_\_\_\_ .
  - After qualification, the personal representative shall comply with all relevant requirements under the law.
6. 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: \_\_\_\_\_
7. The estate is reopened.     Letters of authority expire \_\_\_\_\_ .

\_\_\_\_\_  
 Register signature and date

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

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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OSCEOLA

LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.

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

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.

<p style="text-align: center;"><b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b></p> <p>OSCEOLA</p>	<p><b>INVENTORY</b> <input type="checkbox"/> <b>AMENDED</b> <b>(DECEDENT ESTATE)</b></p>	<p><b>CASE NO. and JUDGE</b></p> <p>Hon. Tyler Thompson P70870</p>
<p><b>Court address</b> 301 W. Upton Ave, Reed City, MI 49677</p>		<p><b>Court telephone no.</b> 231-832-6124</p>

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

Personal representative's name, address, and telephone no.

Personal representative's attorney, bar no., address, and telephone no.

I, \_\_\_\_\_, personal representative, submit the following as a  
Name (type or print)  
complete 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 on page 2 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
<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

## 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.

**Do not** provide financial account numbers on this form. If an account number is necessary to distinguish between accounts, put it on form MC 97.

- 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.