

# Jackson County Probate Court

312 S. Jackson St.  
Jackson, MI 49201  
Phone: 517-788-4290  
Fax: 517-788-4291

## Instructions for Informal Probate Proceedings

Please read all instructions before attempting to complete any paperwork contained in this packet, as you may not need to complete all of these forms in your particular case.

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

### Fees

- Filing Fee - \$175.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
- Inventory Fee – Varies based on the value of the estate. Call the Probate Office at the number above to verify the fee in your case. The inventory fee is due at the time you file to close the case or one year after the appointment of a personal representative, whichever comes first.

Fees cannot be returned if your application is denied.

### Forms

Below, you will find specific instructions for each form contained in the packet. In addition to these forms, you must provide:

- Two copies of the death certificate, one redacting the date of birth and social security number.
  - If the decedent had a will, the original will (unless it is already filed with the Court)
1. Application for Informal Probate and/or Appointment of Personal Representative (PC 558): This form must be completed for all cases along with form MC 97. If you need more room than the form provides, you may attach additional pages with the rest of the information.
  2. Fiduciary Proof of Identity: Complete this form with all requested information (optional). This document is only used by the Court. It is not made available to the public.
  3. Testimony to Identify Heirs (PC 565): This form must be completed in all cases.
  4. Supplemental Testimony to Identify Non-Heir Devisees (PC 566): This form is only required if there is a will, and the will identifies a devisee that is not an heir (i.e. the devisee is not identified on the Testimony to Identify Heirs).

5. Renunciation of Right to Appointment, Nomination of Personal Representative and Waiver of Notice (PC 567): You only need to complete this form if someone other than the proposed personal representative has a greater or equal right to appointment, and that person is willing to waive his or her right to be appointed personal representative.
6. Notice of Intent to Request Informal Appointment of Personal Representative (PC 557): You only need to complete this form if someone other than the proposed personal representative has a greater or equal right to appointment, and that person is unwilling or unavailable to sign a Renunciation of Right to Appointment (PC 567). If needed, the form must be completed and served on all interested parties.

If the location of all interested parties is known, fourteen days after the completed form has been served on all interested parties, the proposed personal representative may file with the court. Your filing must contain the completed original form as well as a Proof of Service (PC 564) indicating who was served, how they were served, and when they were served.

If the location of all interested parties is not known, you will have to publish this notice in the newspaper. Use the Publication of Notice (PC 563a) for this publication. Your paperwork will need to be filed with the Court before you publish.

7. Register's Statement (PC 568): This form must be completed as much as possible in all cases. Please do not write anything for number 6, and do not sign the form.
8. Acceptance of Appointment (PC 571): This form must be completed in all cases along with form MC 97a. The form should be completed by the proposed personal representative. It indicates that person's willingness to serve in that capacity.
9. Letters of Authority for Personal Representative (PC 572): The top of this form must be completed in all cases. Do not fill in the date of appointment, expiration date, or sign the form. The second page details the duties of the personal representative. The proposed personal representative should read that page very carefully before agreeing to serve.
10. Notice of Appointment and Duties of Personal Representative (PC 573): This form must be completed in all cases. Do not fill in the date of appointment.

11. Notice to Creditors (PC 574): This form must be completed in all cases where the decedent passed away within the previous three years. (This is almost all cases.) The original must be filed with the Court. You must then publish the notice in the newspaper. Take a copy of the form to the newspaper for that purpose. After it is published, an Affidavit of Publication will need to be filed with the Court. Some newspapers do this for you, and others do not. Ask the newspaper to determine their policy.
12. Notice to Known Creditors (PC 578): This form is used only if the decedent had creditors and you know their identity. In that instance, complete this form once for each creditor that you know of. The original must be filed with the Court. A copy must be sent to the creditor.
13. Proof of Service (PC 564): After all paperwork has been filed with the Court, and if a personal representative is appointed, you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal of your case or removal of the personal representative.

14. Publication of Notice (PC 563a): This form is only used if there is an interested party whose location is unknown. You will need to publish notice of the appointment of a personal representative in the newspaper. This form is filed with the Court and then taken to the newspaper for publication. After it is published, an Affidavit of Publication will need to be filed with the Court. Some newspapers do this for you, and others do not. Ask the newspaper to determine their policy.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>JACKSON COUNTY</b>	<b>APPLICATION FOR INFORMAL PROBATE</b> <b>AND/OR APPOINTMENT OF PERSONAL</b> <b>REPRESENTATIVE (TESTATE/INTESTATE)</b>	<b>CASE NO. and JUDGE</b>
<b>Court address</b> 312 S. JACKSON STREET, JACKSON, MI 49201		<b>Court telephone no.</b> 517 788-4290

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

2. Decedent information: \_\_\_\_\_  
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.  
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.  
Date of death      Time (if known)      Date of birth      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: \_\_\_\_\_

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 JACKSON JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Court telephone no.
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.

# FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: \_\_\_\_\_ File No. \_\_\_\_\_

Full Name of Fiduciary \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

Home Address \_\_\_\_\_  Own  Rent \_\_\_\_\_  
Home Phone (including area code) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Work Phone (including area code) \_\_\_\_\_

**YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE**

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

Employer Name \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Banking Institution \_\_\_\_\_ Address of Bank Branch \_\_\_\_\_

Banking Institution \_\_\_\_\_ Address of Bank Branch \_\_\_\_\_

Personal Reference:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (including area code) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

**This document is for Court use only and will NOT be part of the public record.**

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	TESTIMONY TO IDENTIFY HEIRS	CASE NO. and JUDGE
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Court address: 312 S. JACKSON STREET JACKSON, MI 49201  
Court telephone no.: 517 788-4290

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  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 5a, the following are no longer heirs due to their adoption by someone other than a stepparent: \_\_\_\_\_  
 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.  a. The following children listed in 5a died before the decedent: \_\_\_\_\_  
\_\_\_\_\_  
 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:  
\_\_\_\_\_  
\_\_\_\_\_  
 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



STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate	CASE NO. and JUDGE
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Court address  
 312 S. JACKSON STREET JACKSON, MI 4920

Court telephone no.  
 517 788-4290

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 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 JACKSON

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 JACKSON	NOTICE OF INTENT TO REQUEST INFORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE	FILE NO.
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Estate of \_\_\_\_\_

I, \_\_\_\_\_, intend to request my informal  
 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.

		Date _____	
		Applicant signature _____	
Attorney name _____	Bar no. _____	Applicant name _____	
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.

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Do not write below this line - For court use only



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>JACKSON COUNTY</b>	ACCEPTANCE OF <input type="checkbox"/> <b>APPOINTMENT</b> <input type="checkbox"/> <b>DESIGNATION</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 312 S. JACKSON STREET JACKSON, JACKSON MI 49201	<b>Court telephone no.</b> 517 788-4290
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In the matter of \_\_\_\_\_  
First, middle, and last name

- 1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary
- 2. I have been designated standby guardian of the legally incapacitated individual.
- 3. I accept the  appointment,  designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- 4. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my  
not to exceed 91 days  
 responsibility the following real estate or ownership interest in a business entity:

Describe real property or business interest

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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

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

\_\_\_\_\_  
Address

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

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

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

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Attorney address

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

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

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

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO 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 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  
PROBATE COURT  
COUNTY OF JACKSON

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 \_\_\_\_\_ Date . You are authorized to perform all acts authorized by law unless exceptions are specified below.

- 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.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

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 \_\_\_\_\_ Jackson \_\_\_\_\_ County Probate Court located at  
312 S. Jackson St., Jackson, MI 49201. 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

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	NOTICE TO CREDITORS Decedent's Estate	CASE NO. and JUDGE
--	--	--------------------

Court address Court telephone no.  
 312 S. JACKSON STREET JACKSON, MI 49201

Estate of \_\_\_\_\_ Date of birth: \* \_\_\_\_\_  
First, middle, and last name

\*NOTE TO PREPARER: If a copy of this form is filed with the court, you must redact the date of birth from the copy being filed as required by court rule.

**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		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."

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

NOTICE TO KNOWN CREDITORS

FILE NO. \_\_\_\_\_

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 it 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

Do not write below this line - For court use only

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

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	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

\_\_\_\_\_ 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

Approved, SCAO

JIS CODE: PON

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

PUBLICATION OF NOTICE

FILE NO.

In the matter of \_\_\_\_\_

TO ALL INTERESTED PERSONS:\*

whose address(es) are unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE:

_____		_____	
Attorney name (type or print)	Bar no.	Petitioner name (type or print)	Date
_____		_____	
Address		Address	
_____		_____	
City, state, Zip	Telephone no.	City, state, Zip	Telephone no.

PUBLISH ABOVE INFORMATION ONLY

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_

Furnish affidavit of publication to the court.

Forward statement for publication charges to \_\_\_\_\_

**\*NOTE TO PREPARER:** After "TO ALL INTERESTED PERSONS," list the names of all the interested persons who must receive notice. After "TAKE NOTICE," insert the information of which the interested persons are to be notified of. For example, if the Notice of Intent to Request Informal Appointment of Personal Representative (form PC 557) must be served by publication, copy the information from that notice onto this form.

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