Filing Fee $187.00

Petition for Formal Probate and/or Appointment of Personal Representative (Testate/Intestate)

JIS Code: PFA

STATE OF MICHIGAN PROBATE COURT BERRIEN COUNTY	PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE ☐ TESTATE ☐ INTESTATE	CASE NO. and JUDGE

Court address
811 Port St., St. Joseph, MI 49085

Court telephone no.
(269) 983-7111

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 petition as
Name of petitioner

_____ as defined by MCL 700.1105(c).
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

2. Decedent information: _____ _____ 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

Estimated value of estate assets: Real estate: $_____ Personal estate: $ _____

3. ☐ A death certificate has been issued, and a copy accompanies this petition 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 heirs and devisees 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 (Heir/Devisee)	AGE (if minor)*
	Street address				
	City	State	Zip		
	Street address				
	City	State	Zip		
	Street address				
	City	State	Zip		
	Street address				
	City	State	Zip		

*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. An application was previously filed and a personal representative was appointed informally.

☐ 7. 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)

☐ 8. ☐ a. The decedent's will, dated _____ , with codicil(s) dated _____ is/are offered for probate and is/are ☐ attached to this petition. ☐ already in the court's possession.

☐ b. 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 accompany this petition.

☐ c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are (Attach additional sheets as necessary.)

_____ .

☐ 9. The decedent's will was ☐ formally ☐ informally probated on _____ in _____ County.

10. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is/are the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).
☐ a. 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 _____

_____ .
The instrument ☐ is attached to this petition. ☐ is already in the court's possession.

☐ 11. I nominate _____ (Name) as personal representative, who is qualified and has the following priority for appointment: _____ .

His/her address is _____ (Address)

_____ (City) _____ (State) _____ (Zip) .

☐ 12. Other persons have prior or equal right to appointment. They are:

_____ Name
_____ Name
_____ Name
_____ Name

☐ 13. The will expressly requests that the personal representative serve with bond.

14. ☐ a. The decedent left a will that directs supervised administration.
☐ b. The decedent left a will that directs unsupervised administration, but supervised administration is necessary for the protection of persons interested in the estate because (Complete on line below.)
☐ c. The decedent died intestate or left a will that does not direct supervised administration, but supervised administration is necessary because (Complete on line below.)

_____

☐ 15. A special personal representative is necessary because _____

_____ .

I REQUEST:

☐ 16. An order determining heirs and that the decedent died ☐ intestate. ☐ testate and the document(s) stated in item 8 is/are valid and admitted to probate.

☐ 17. Formal appointment of the nominated personal representative ☐ with ☐ without bond.

☐ 18. Supervised administration.

☐ 19. Appointment of a special personal representative pending the appointment of the nominated personal representative.

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

_____ Date
_____ Petitioner signature
_____ Date
_____ Attorney signature

Approved, SCAO

PCS CODE: TES
TCS CODE: TEST

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	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 the death of the decedent is _____ and at that time the
Date Time

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)

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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

☐ 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 _____ (Date) , _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____ (Judge/Deputy register/Notary public) (Bar no.)

Notary public, State of Michigan, County of _____

_____ Attorney signature

_____ Name (type or print) Bar no.

_____ Address

_____ City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	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 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:

_____

_____

_____ .

(SEE SECOND PAGE)

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☐ 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 _____ (Date), _____ County, Michigan.

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.

Approved, SCAO JIS CODE: NOH

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	NOTICE OF HEARING	FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ (Date) at _____ (Time),

at _____ (Location) before Judge _____ (Bar no.)

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____
Date

_____ Bar no.
Attorney name

_____
Address

_____ Telephone no.
City, state, zip

_____
Petitioner name

_____
Address

_____ Telephone no.
City, state, zip

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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: PSV

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	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		
$		$	
Incorrect address fee	Miles traveled Fee		**TOTAL 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

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	ACCEPTANCE OF APPOINTMENT	FILE NO.

In the matter of _____

1. I have been appointed _____ (Type of fiduciary) of the person/estate.
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 _____ (not to exceed 91 days) days from the date of my appointment, I exclude from the scope of my responsibility 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.

Date of birth

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.

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MCL 700.3601, MCL 700.3602, MCL 700.5214, MCL 700.5301, MCL 700.5307, MCL 700.5412, MCL 700.7202, MCR 5.501

Approved, SCAO

JIS CODE: OPF

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	ORDER OF FORMAL PROCEEDINGS	FILE NO.

Estate of _____

1. Date of hearing: _____ Judge: _____
Bar no.

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

3. Decedent died _____
Date

☐ a resident of the above named county.
☐ a nonresident of Michigan, but left an estate in the above named county.

4. Venue is proper.

☐ 5. Decedent's heirs are determined (specify names and relationships): _____

_____

6. Decedent died
☐ intestate.
☐ with a valid, unrevoked will dated _____ with codicil(s) dated _____.

☐ 7. _____ is suitable for appointment pursuant to MCL 700.3203 and 700.3204.
Name

8. ☐ The decedent's will directs supervised administration. Since the execution of the will, the circumstances bearing on the need for supervised administration ☐ have ☐ have not changed.
☐ The decedent's will directs unsupervised administration.
☐ Supervised administration ☐ is ☐ is not necessary for the protection of persons interested in the estate.

IT IS ORDERED:

☐ 9. The petition is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.
☐ 10. The decedent died intestate.
☐ 11. The will and codicil(s) are valid and admitted to probate.
☐ 12. Estate administration shall be supervised.

☐ 13. _____ is appointed ☐ personal representative ☐ special 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 amount of $ _____ .
After qualification, the personal representative shall comply with all relevant requirements under the law.

☐ 14. The petition for supervised administration is denied.
☐ 15. Decedent's heirs are as determined in 5. above.
16. Other:

_____ _____
Date Judge

_____
Attorney name Bar no.

_____ _____
Address City, state, zip Telephone no.

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MCL 700.3204, MCL 700.3409, MCL 700.3410, MCL 700.3414, MCL 700.3502, MCL 700.3601

Approved, SCAO

JIS CODE: LET

STATE OF MICHIGAN PROBATE COURT COUNTY OF BERRIEN	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

MCL 700.3103, MCL 700.3307, MCL 700.3414, MCL 700.3504, MCL 700.3601, MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

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.