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PROBATE COURT

212 E. Paw Paw Street – Suite 220
Paw Paw, MI 49079

SUSAN METZGER
Probate Judge

MICHAEL DAFOE
Family Division &
Probate Court Supervisor

BRANDY ANTONOWITSCH
Probate Register

Reopening an Estate

File forms in the original estate file:

- 1) Application/Petition to Reopen Estate (PC 607).
 - a. If the file was closed with Sworn Closing statement/certificate of completion, you must file an application.
 - b. If the file was administratively closed, you must file a petition.
- 2) Protected Personal Identifying Information (**MC 97**) for the decedent.
- 3) Testimony to Identify Heirs (PC 565), if there have been any changes since the estate was closed.
- 4) Acceptance of Appointment (PC 571).
- 5) Addendum to Protected Personal Identifying Information (**MC 97a**) for the proposed personal representative.
- 6) Other forms may be required, depending on circumstances.

Filing Fee:

\$150.00 filing fee + \$12.00 for certified copy of Letters of Authority = \$162.00

Priority for Appointment:

- 1) Previous Personal Representative
- 2) Other person with priority may be appointed.
- 3) Someone without priority may be appointed by petition.

Recommendation Regarding Attorney:

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

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF Van Buren

APPLICATION PETITION
TO REOPEN ESTATE

FILE NO.

Estate of _____

1 I am interested in the estate and make this application/petition as _____
State your interest/relationship

2 The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows (For each person whose address changed, list the name and new address, attach separate sheet if necessary)

3. _____ completed administration of the estate (If applicable, check a or b)
Name

- a At the time the estate was closed, the estate was subject to supervised administration (Check "petition" in the title above)
- b The personal representative's authority to act has terminated because
 - an order of complete estate settlement was entered following notice to all interested persons and following a hearing, and the personal representative was discharged.
 - the sworn statement was filed more than one year ago.
 - the estate was closed before April 1, 2000.
 - the estate was administratively closed under MCL 700 3951

4 _____ failed to perform the required duties, administration of the estate was not completed, and the estate was administratively closed by court order on _____ and remains closed (A petition must be filed)
Date

- a. The required duties
 - have not been performed
 - have been performed and the required filings are attached and being filed with this petition
- b It is necessary that a successor personal representative be appointed to continue and complete administration of the estate

5. The estate was administratively closed for good cause, after notice and hearing (Check "petition" in the title above)

6 It is necessary to reopen the estate because
 estate property valued at \$ _____ has been discovered and requires administration
 there is other good cause to reopen the estate as follows

(SEE SECOND PAGE)

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT Van Buren COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Susan Metzger
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Court address Court telephone no
 212 Paw Paw St. Ste 220, Paw Paw, MI 49079 269-657-8225

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

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1 109 become effective on January 1, 2022 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:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- Provide only the PII required for your particular case For example, if you are filing a 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 document being filed in place of the PII For example, insert "Ref No 1" in place of the DOB in the 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 documents being filed		
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 PROBATE COURT Van Buren COUNTY	TESTIMONY TO IDENTIFY HEIRS	CASE NO. and JUDGE Susan Metzger
Court address 212 Paw Paw St. Ste 220. Paw Paw, MI 49079		Court telephone no. (269) 657-8225

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

- 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)

I declare under the penalties of perjury that this 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	ACCEPTANCE OF <input type="checkbox"/> APPOINTMENT <input type="checkbox"/> DESIGNATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

- 1. I have been appointed _____ of the person/estate.
Type of fiduciary
- 2. I 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

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

_____ Date

_____ Signature

Attorney name (type or print) _____ Bar no. _____

Name (type or print) _____

Attorney address _____

Address _____

City, state, zip _____ Telephone no. _____

City, state, zip _____ Telephone no. _____

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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT Van Buren COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Susan Metzger
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Court address Court telephone no
 212 Paw Paw St. Ste 220. Paw Paw, MI 49079 269-657-8225

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

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1 109 become effective on January 1, 2022 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:

- Use this form when an SCAO-approved form instructs you to use it to provide PII
- Provide only the PII required for your particular case For example, if you are filing a 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 document being filed in place of the PII For example, insert "Ref No XX" in place of the DOB in the document		
	Please add Driver's License Number for the proposed fiduciary in the field marked Other.		
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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	CONTACT INFORMATION <input type="checkbox"/> AMENDED	CASE NUMBER and JUDGE
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Court address _____

Court telephone number _____

This form is confidential and not to be served on other parties in this case. Any contact information below that has already been provided or is provided in the future in a public court filing or through the MiFILE system will not be made confidential by this document.

Please provide the following contact information:

1. Your name: _____
First, middle, and last name

2. a. Telephone number where the court can contact me: _____
 This telephone: can cannot receive text messages from the court.
 can cannot receive voice messages from the court.

b. I do not have a telephone number where the court can contact me.

3. a. E-mail address where I can receive e-mails: _____

b. I do not have an e-mail address where I can receive e-mails from the court.

PLEASE READ AND UNDERSTAND THE FOLLOWING:
 Upon signing this form, you are consenting to text, e-mail, and/or phone notifications on your court case. If the case is NON-PUBLIC, it is NOT ELIGIBLE for text or phone notifications.

By signing this form, I authorize the _____ court to notify me of upcoming events in this case.
Name of court

I understand, based on the options chosen above that I will receive text, e-mail, and/or voice notifications to the phone number or e-mail address listed on this form. I also understand that the _____ court is not
Name of court

responsible for any additional fees or charges due to my phone carrier data rates.

In the event that my e-mail, or cell or land line phone number changes, I will notify the court to update their records, and if I fail to do so it will result in the termination of this service from the court.

Privacy Disclaimer: Your contact information is necessary to assist the court in providing important information in a timely manner. Your information will not be sold, distributed, or shared with any other entity. You can OPT-OUT of the system at any time. Simply reply OPTOUT to any received message.

 Date

 Signature