



FILING INSTRUCTIONS FOR PETITION & ORDER FOR ASSIGNMENT

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Needed to File:

- Petition for Assignment PC 556m
 - Protected Personal Identifying Information MC 97
 - Testimony to Identify Heirs PC 565
 - Death certificate (photocopy is acceptable)
 - Itemized funeral bill, including payment history
 - \$25.00 filing fee
 - Inventory fee \$_____
- Based on total assets – bank account, life insurance, vehicle, etc. Contact Probate Court at probate@vanburencountymi.gov or (269) 657-8225 for calculation of amount due.

If the funeral bill has been paid, the court needs to see receipt(s) showing who paid (insurance, prepaid funeral contract, personal payment) and how much.

A Waiver/Consent may be signed by an individual who does not want to be reimbursed for funeral expenses.

Certified copies are \$12.00 per certified copy.

THE PURPOSE OF THIS PETITION IS TO ENSURE FUNERAL EXPENSES ARE PAID OR THAT THE PERSON WHO PAID THE FUNERAL BILL IS REIMBURSED. OTHER ASSETS WILL BE DISTRIBUTED AFTER FUNERAL EXPENSES ARE SATISFIED.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION AND ORDER FOR ASSIGNMENT	CASE NUMBER and JUDGE
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Court address _____ **Court telephone number** _____

In the matter of _____ Put last 4 digits of SSN
First, middle, and last name of decedent **XXX-XX-** in box 2 on MC 97.
Last four digits of SSN

Petitioner's name, address, and telephone number

Petitioner's attorney, bar number, address, and telephone number

PETITION

I, _____, represent that:
Name and relationship

1. Decedent died on _____ .
Date

2. Decedent was a resident of _____ in this county.
City/Township

Decedent lived outside of Michigan and left an estate within this county to be administered.

3. The decedent's personal and real property, gross values, and lien amounts (if any) are listed below. The values of all property are calculated as of the decedent's date of death.

Note: 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.

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		Inventory value*
Description of personal property	Gross value		Inventory value*
Description of personal property	Gross value		Inventory value*
Description of personal property	Gross value		Inventory value*
Totals	Total Gross Value		Total Inventory Value

* For **real property** only, if the date of death is on or after March 28, 2013, the gross value of a parcel must 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 a separate sheet if necessary.)

4. Funeral and burial expenses are \$ _____ .
 The following persons have paid the following amounts toward the funeral and burial expenses:
 (Statements and receipts are attached.)

NAME	AMOUNT	NAME	AMOUNT

The amount of funeral and burial expenses remaining unpaid is \$ _____ .
 The gross value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$50,000 as adjusted annually for cost of living.

5. The name and address of the surviving spouse or, if there is not a spouse, the name, age, relationship, and address of each of the decedent's heirs are as follows:

NAME	AGE	RELATIONSHIP	ADDRESS		
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip

6. I REQUEST that the property listed above be assigned as follows:

- a. for funeral and burial expenses, \$ _____ to _____ ,
 Name
 \$ _____ to _____ , and \$ _____
 Name
 to _____ .
 Name
- b. to the surviving spouse, _____ .
- c. to the following heirs in the stated proportions, _____
 _____ .

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

ORDER ASSIGNING ASSETS

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

IT IS ORDERED:

7. The property described above is assigned as follows:

a. for funeral and burial expenses, \$ _____ to _____ ,
Name
\$ _____ to _____ , and \$ _____
Name
to _____ .
Name

b. to the surviving spouse, _____ .

c. to the following heirs in the stated proportions, _____

_____ .

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

8. The petition is denied. dismissed/withdrawn.

Judge signature and date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE
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Court address _____ Court telephone number _____

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 number / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID number
4	Passport number
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 number	Paragraph number
7	Financial institution	Account number	Paragraph number
8	Financial institution	Account number	Paragraph number
9	Financial institution	Account number	Paragraph number



INTERESTED PERSONS – REPORTS AND ACCOUNTS

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Who Should receive the annual report of an incapacitated adult?	Who should receive the annual report for a minor guardianship?	Who should receive the inventory or account?
<ul style="list-style-type: none"> The Ward; The person who has principal care and custody of the ward. <i>This means the nursing home or adult foster care home if the ward is living in such a place;</i> and The spouse and adult children of the ward, if any. If no spouse or adult children of the ward, then the presumptive heirs* of the ward. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> The ward, if 14 years or older. The minor's parents, If neither of the parents are living, any grandparents and adult presumptive heirs* of the minor. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> The protected individual (if 14 or older); The presumptive heirs* of the protected individual or ward; Claimants (i.e., anyone who has filed a claim against the protected individual's estate). Guardian ad litem, and The personal representative, if any. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(28)</p>

*WHO IS A PRESUMPTIVE HEIR?

1. If a person has a spouse, that **spouse** is a presumptive heir of the person;
2. If a person has children, those **children** are presumptive heirs of the person;
3. If the person has a child who passed away, and that child left children of his or her own, then those **grandchildren** of the person would be presumptive heirs of the person;
4. If the person has no children, grandchildren, or other descendants, then the person's **parents** (or parent, if only one is living) are the person's presumptive heirs;
5. If the person has no descendants and both parents are deceased, then the person's **brothers and sisters** are the presumptive heirs;
6. If the person has no descendants and both parents are deceased, and the person had a brother or sister who passed away, and that brother or sister left children of his or her own, then those **nieces and nephews** of the person would be presumptive heirs.
7. If the person has no descendants, both parents are deceased, and there are no brothers or sisters or children of brothers and sisters, then **grandparents** of the person are presumptive heirs of the person (and if both grandparents are deceased, then any uncles or aunts, or children of the deceased uncles or aunts, would be presumptive heirs of the person);
8. If, or after following steps 1 through 7 above, you find no presumptive heirs, then the **State of Michigan** is the presumptive heir of the person.

Attorney General—State of Michigan
State Public Administrator
P.O. Box 30755, Lansing, MI 48909

This document is for informational purposes. It is not a substitute for legal advice. The Van Buren County Probate Court staff cannot give you legal advice and cannot tell you what to do. If you have legal questions, you should speak with an attorney.

STATE OF MICHIGAN PROBATE COURT COUNTY	TESTIMONY TO IDENTIFY HEIRS	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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 COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
		Telephone no.	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

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