



GUARDIANSHIP OR CONSERVATORSHIP CHECKLIST

Court Address
212 E. Paw Paw Street – Suite 240, Paw Paw, MI 49079

Court Telephone No.
269-657-8225

Follow this checklist for:

- Petition for Appointment of Guardian of Incapacitated Individual PC 625
- Petition for Conservator and/or Protective Order PC 639

After you file your petition, the Court will appoint a guardian ad litem (an attorney) for the person listed in Item A of the petition.

Your filing fee is not refundable. Please follow each step below.

The Court will schedule a hearing for your petition. Before the hearing, the following forms must be filed with the Court:

1. Report of Physician or Mental Health Professional PC 630
2. Testimony of Interested Persons Alleged Incapacitated Individual VBC-4301
3. Initial File Information VBC-4300

If you do not submit these forms, your hearing may be delayed, or your petition may be dismissed (filing fee is non-refundable). If you have questions, please call 269-657-8225 or email probate@vanburencountymi.gov

Options You Should Know Before Filing a Petition for a Full Adult Guardianship

Sometimes adults need help taking care of themselves and making decisions. Michigan law allows a judge to appoint a “guardian” of an adult in certain situations where help is needed.

A court-appointed guardian can make decisions for the person who needs help. The judge will determine what decisions the guardian can make.

A guardian might be able to decide:

- where the person lives
- what medical care the person should receive
- who will care for the person every day

There are many things you should think about before you file a petition. If at all possible, the adult who needs help should talk to a lawyer to help figure out what is best for him or her.

There are options other than a full guardianship. Not all the options will work for everyone. Some of them will only work if the person is still able to make decisions. Some depend on what help the person may need. A few of these options other than a full guardianship are briefly described here.

Conservator

A conservator is appointed by a judge to take care of another adult’s finances and assets. A conservator is not expected to use his or her own money to support the adult needing assistance. The court can also limit a conservator’s authority to certain kinds of decisions for the adult. The conservator:

- manages assets
- pays the bills
- makes general financial decisions for the person

Durable Power of Attorney

An adult can choose to appoint someone to take care of his or her finances through a financial “durable power of attorney.” **The adult** must be of sound mind to sign this document. He or she can:

- limit when this document is effective
- limit what the appointed person can do

Because a durable power of attorney can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

Health Care Power of Attorney

You will sometimes hear this called a “patient advocate designation” or a “durable power of attorney for health care.” It is a document an adult can sign that gives someone else the authority to make care decisions when he or she is not capable. Those decisions could be about:

- health care
- mental health treatment
- living arrangements

The adult can give the “agent” or “patient advocate” as much or as little authority as the person wants. This can include authority to withhold or withdraw life support services. **The adult** must be of sound mind to sign this document and must decide he or she wants it.

Because this document can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

(See Second Page)

Do Not Resuscitate Order

If the adult is an inpatient at a hospital, his or her wishes regarding resuscitation should be discussed with his or her physician as soon as possible.

If the adult is not in a hospital, he or she can sign a document that will refuse CPR (cardiopulmonary resuscitation). This document is known as a “Do Not Resuscitate Order” or “DNR.” The adult must be of sound mind to sign this document.

Physician Orders for Scope of Treatment (POST) Form

An adult can work with his or her attending health professional to complete a document that will specify types of medical treatment that are permissible. This document is called a physician orders for scope of treatment (POST) form.

A POST form contains medical orders that are jointly agreed to by the adult and the attending health professional or a patient representative and the attending health professional. A POST form is not intended to be used as a stand-alone advance health care directive. The adult must be of sound mind to sign the form. A POST form may be obtained through the Michigan Department of Health and Human Services.

Limited Guardian

A limited guardian is appointed by a judge to make limited decisions in certain instances. For example, the judge may say that the guardian can only make decisions about living arrangements. A limited guardianship can give a person some independence while providing the specific help needed.

Filing a Petition for Full Adult Guardianship

To ask that a guardian be appointed for an adult, a *Petition for Appointment of Guardian of Incapacitated Individual* (PC 625) must be filed with the court. A judge will appoint a guardian only if the condition of the adult fits specific requirements. The specific conditions that must be met are found in form PC 625, which is available at your local probate court or at www.courts.mi.gov/formssearch.

INSTRUCTIONS FOR COMPLETING “PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY”

Please type or print neatly using black or blue ink.

Items A through O must be read and filled in (when required) before your petition can be filed with the court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- A** Enter the name of the individual whom you believe needs a guardian.
- B** Enter your name, address, and telephone number in the first box.
- C** Enter the age of the individual on the first line, the name of the county the person resides in on the second line, and the name, address, and telephone number of the person, center or facility where the person is currently located. This address and telephone number may or may not be the home of the individual. Provide the date of birth and the last four digits of the individual's social security number on form MC 97.
- D** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.
- E** Check this box if there is or has been a case in the family division of the circuit court involving the individual in “A.” Examples of a family division case are a personal protection, abuse or neglect, adoption, name change, or divorce or support action. If the individual is under the age of 19 1/2, the individual may be the subject of a support order if the parents are divorced or a support order was entered. If you have checked this box, enter the name of the court, the case number of the action, the name of the judge assigned to the case. Place a check in the box indicating whether the case is still pending or not.
- F** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- G** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- H** Check the appropriate boxes under this item (not less than three).
- I** Indicate the specific nature and extent of the disability.
- J** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, the individual is unable to make decisions in all aspects of life, such as residential and medical decisions.
- K** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- L** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.

Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.

Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.

- M** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- N** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- O** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE
---	---	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____ Put last 4 digits of SSN in
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.
Last four digits of SSN

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license number Put DLN on Ref. No. row 3 on MC 97	Race	Sex
---	---	------	-----

Address of alleged incapacitated individual where now found

1. I, _____, am interested in this matter
Name (type or print)
and make this petition as _____
State interest/relationship

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the person named above has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

3. The individual is a resident of _____, _____ State
City, village, or township County
and has a home address and telephone number of _____
Address

City _____ State _____ Zip _____ Telephone no. _____

The individual is a citizen of the following foreign country: _____

4. The individual has a patient advocate/power of attorney for health care. (Specify name and address below.)
 a power of attorney. (Specify name and address below.)
 a conservator. (Specify name and address below.)

Name and address _____

5. The patient advocate designation was not executed in compliance with MCL 700.5506.
 The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.
 The patient advocate is not acting consistent with the ward's best interests.

6. The individual lacks sufficient understanding or capacity to make or communicate informed decisions because of
- mental illness.
 - mental deficiency.
 - physical illness or disability.
 - chronic intoxication.
 - chronic drug use.
 - _____ .

7. Specific facts about the individual's recent condition or conduct that lead me to believe the individual needs a guardian are:

8. a. The person(s) that has the care and custody of the individual denied another person(s) access to the individual, and
- the individual desires contact with the other person(s).
 - contact with the other person(s) is in the individual's best interest.

b. Specific facts about the need for a limited guardian to supervise access with the other person(s) are:

9. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the individual are _____ .

10. The individual is is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is _____ .

11. The alleged incapacitated individual has
- a spouse whose name and address are listed below.
 - adult child(ren) whose name(s) and address(es) are listed below.
 - living parent(s) whose name(s) and address(es) are listed below.
 - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
 - none of the above (must notify Attorney General - see instructions for the address of the Attorney General).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.
	Nominated guardian	Street address			
		City	State	Zip	Telephone no.
	Nominated standby guardian	Street address			
		City	State	Zip	Telephone no.

12. None of the persons named above are under any legal incapacity except _____

Name, legal incapacity, and representative of the person, if any

13. I REQUEST that the court determine the individual is an incapacitated individual and

appoint _____ , _____
Name Address City, state, zip Telephone no.

who has priority as _____ ,
Priority relationship

full guardian with all powers provided by statute.

limited guardian with the following powers: _____

designate _____ , _____
Name Address City, state, zip Telephone no.

as standby guardian.

14. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:

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

15. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL**

In the event the court finds that I require a guardian, I nominate _____
Name

Address, city, state, zip Telephone no. to be appointed guardian.

I also nominate _____
Name

Address, city, state, zip Telephone no. to be designated standby guardian.

Date

Signature of alleged incapacitated individual

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE
--	---	------------------------------

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
--	--	-----------------

In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My speciality is _____
if any

2. I last examined the individual on _____

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply determining where to live. handling personal financial affairs.
 consenting to supportive services. authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is _____.

My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

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



TESTIMONY OF INTERESTED PERSONS ALLEGED INCAPACITATED INDIVIDUAL

File No.

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

Court Telephone No. (269) 657-8225

IN THE MATTER OF _____

1. What is your name and address? _____

2. How are you related to the subject of this proceeding, or how do you know his/her family? _____

3. Does the person have a spouse surviving? _____ If yes, name and address: _____

4. Did the person ever have any natural children (born in or out of wedlock) or any adopted children?

If yes, name(s) and address(es): _____

5. Did any of these children die leaving children? _____. If yes, give their name(s) and address(es) and the name(s) of their deceased parent and the relationship of their parent to the incapacitated person: _____

All names listed on testimony sheet must be listed on petition with addresses.

6. Were any of these children adopted by others? _____ If yes, list names: _____

7. Does the person have a father or mother surviving? _____ If yes, state name(s) and address(es): _____

8. Does the person have brothers or sisters, either natural or adopted, and either of the whole or half blood? _____

If yes, list name(s) and address(es) of those who survive: _____

9. Did any brothers and sisters die before the person leaving children, either natural or adopted, who survive? _____ If yes, give the name(s) and address(es) of these nephews and nieces, and the name(s) of their deceased parent: _____

10. Please list any additional relatives or friends that may be interested in this proceeding and their addresses: _____

11. Are any of the aforementioned persons minors? (Please list) _____

Date: _____

Signature of Witness (person completing form)



INITIAL FILE INFORMATION
Adult Guardianship & Conservatorship

File No. _____

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

Court Telephone No.
(269) 657-8225

Proposed Ward: _____ Date of Birth: _____

Social Security No.: _____ Drivers License No.: _____

Address: _____

Marital Status: Single Married Widowed Separated

Does proposed ward have a will? Yes No If yes, what is the date & where is it located?

Does proposed ward have a medical patient advocate? Yes No If yes, name & address:

Does the proposed ward have a pre-paid funeral contract? Yes No If yes, name & address:

Does the proposed ward have a trust or is a beneficiary of a Trust? Yes No If yes, name & address:

Does proposed ward own real estate? Yes No Residence address: _____

Second home or rental property address _____

Income: Social Security _____ SSI _____ Pension _____

Investments _____ Other _____

Contact person (name, address, email address & phone number) _____

*Please provide copies with petition for guardianship and/or conservatorship

THIS INFORMATION IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC.

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



GUARDIAN / CONSERVATOR CRIMINAL HISTORY BACKGROUND CONSENT FORM

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

Court Telephone No.
(269) 657-8200

As a proposed guardian or conservator, I understand that it is the court's policy to secure criminal history information as a part of the appointment process. I hereby authorize the court to utilize the information given below for the sole purpose of obtaining a criminal history report on me.

Applicant's First Name		Middle Name		Last Name		Maiden / Alias Name	
Address				City		State	Zip
Phone Number <input type="checkbox"/> Cell		Email Address				Date of Birth:	
Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		Driver's License Number		State	
Height	Weight		Hair color		Eye Color		

(Attach a copy of the Driver's License)

Signature

Date

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF <input type="checkbox"/> APPOINTMENT <input type="checkbox"/> DESIGNATION	CASE NO. and JUDGE
---	--	---------------------------

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 COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE
--	---	------------------------------

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 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 Number 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.		
	Name	DOB	Other
10			
11			
12			
13			
14			
15			
16			
17			
18			



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;">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;">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;">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.