JIS Code: PFA

| STATE OF MICHIGAN |
|-------------------|
| PROBATE COURT     |
| COUNTY            |

|      | PROBATE CO<br>COU   | l   | AND/OR APPO<br>PERSONAL REF                | INTMENT OF                               | CASE NO.                              | and JODGE   |                        |
|------|---|---|--|--|---------------------------------------|---|------------------------|
| Co   | urt address   | '   |  |  |                                       | Court tel   | lephone no.            |
| ln ' | the matter ofFirst, middle, and las   | t name  |  |  |                                       |   |                        |
| Pet  | titioner's name, address and telephon   | e no.   |  | Petitioner's attorney,                   | bar no., address, an                  | d telephone no.   |                        |
| 1.   | I,Name of petitioner  |   |  | , am intere                              | ested in the estate                   | e and make this <sub>l</sub>                                | petition as            |
|      | Relationship to decedent, i.e., heir, d   | evisee, child, s                                | spouse, creditor, benef                    | as defin                                 | ed by MCL 700.1                       | 105(c).   |                        |
| 2.   | Decedent information: Date of   |   |  | Put DOB in Rorow 1 on MC 9 Date of birth | 97. <b>XXX-X</b> )                    | Put last 4 digits<br><b>(-</b> Ref. No. row 2 digits of SSN | of SSN in<br>on MC 97. |
|      | Domicile (at date of death): $\overline{C}$   | ity/Township/Vi                                 | illage                                     | Cour                                     | nty                                   |   | State                  |
|      | ☐ A death certificate has bee ☐ No death certificate is avai  As far as I know or could ascededent and other interested (Required testimony forms are attact) | lable. Attach<br>ertain with re<br>d persons, t | ned is alternative e<br>easonable diligend | documentation of ce, the names and       | the decedent's de<br>addresses of the | eath.<br>heirs and devis                                    |                        |
|      | NAME  | ,   | Al   | DDRESS                                   |                                       | RELATIONSHIP<br>(Heir/Devisee)                              | AGE<br>(if minor)*     |
|      | S   | treet address                                   |  |  |                                       |   |                        |
|      | C   | City  |  | State                                    | Zip                                   |   |                        |
|      | S   | treet address                                   |  | I  |                                       |   |                        |
|      | C   | City  |  | State                                    | Zip                                   | _   |                        |
|      | S   | treet address                                   |  |  |                                       |   |                        |
|      | C   | City  |  | State                                    | Zip                                   |   |                        |
|      | S   | treet address                                   |  | I  | I                                     |   |                        |
|      | C   | City  |  | State                                    | Zip                                   |   |                        |
|      | ***   | 51:41 6   | 140.07                                     |  | <u> </u>                              | 1   | 1                      |

<sup>\*</sup>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.

| Petition for Probate and/or Appointme Page 2 of 3 | nt of Personal Representative (12/22)  | Case No                              |                             |
|---|--|--------------------------------------|-----------------------------|
| 1 age 2 01 0                                      |  |                                      |                             |
| 4. (continued)                                    |  | dia ability av athamyina vanna a     | antad and measanth.         |
| have or will require representation               | ed above, the following are under legal  | disability or otherwise represe      | inted and presently         |
| NAME  | LEGAL DISABILITY   | REPRESENTED BY                       |                             |
|   |  | Name, address, and ca                | pacity                      |
|   |  |                                      |                             |
|   |  |                                      |                             |
|   |  |                                      |                             |
|   |  |                                      |                             |
|   |  |                                      |                             |
|   | ounty because the decedent was dom   |                                      |                             |
|   | omiciled in Michigan, but venue is prop  | per in this county because pro       | perty of the decedent       |
| was located in this coun                          | ly at the date of death.   |                                      |                             |
| ☐ 6. An application was previou                   | sly filed and a personal representative  | was appointed informally.            |                             |
| _   |  | •                                    |                             |
| ☐ 7. A personal representative h                  | nas been previously appointed in   | Cour                                 | nty,<br>re <sup>State</sup> |
| and the appointment has no                        | t been terminated. The personal repres   | entative's name and address ar       | re                          |
| <del></del>                                       |  |                                      |                             |
| Name  | Address  |                                      |                             |
| City  | State  |                                      | Zip                         |
|   |  |                                      |                             |
| $\square$ 8. $\square$ a. The decedent's will, d  |  |                                      |                             |
| is/are offered for prob                           | ate and is/are $\Box$ attached to this p   | etition. $\square$ already in the co | ourt's possession.          |
| ☐ b. An authenticated copy                        | of the will and codicil(s), if any, probate  | ed in Co                             | ounty,<br>State             |
|   | ate, and documents establishing its pr   | obate accompany this petition        | State .                     |
|   | ill nor an authenticated copy of a will p  |                                      |                             |
|   | will is lost, destroyed, or otherwise una  |                                      | will is attached.           |
| □ its contents are des                            | scribed below. (Attach additional sheets as r  | ecessary.)                           |                             |
|   |  |                                      |                             |
|   |  |                                      |                             |
|   |  |                                      | ·                           |
| $\square$ 9. The decedent's will was $\square$    | $\Box$ formally $\Box$ informally probated or  | າ in                                 | County.                     |
|   |  |                                      | -                           |
|   | e, I believe that the instrument(s) subje  |                                      |                             |
| will or codicil(s).                               | st will. After exercising reasonable dilig   | ence, i am unaware or an instr       | ument revoking the          |
| ` ` '   | able diligence, I am unaware of any unr  | evoked testamentary instrume         | nt relating to property     |
| located in this state as                          | defined under MCL 700.1301.  | •                                    |                             |
| ☐ b. I am aware of an unrev                       | oked testamentary instrument relating  | to property located in this stat     | e as defined under          |
| MCL 700 1301 but the                              | instrument is not being probated beca  | ause                                 |                             |
|   | and a second production productio |                                      |                             |
| Th i.e i.e  |  |                                      | ·                           |
| The instrument $\square$ is                       | s attached to this petition. $\;$  | eady in the court's possession.      | •                           |

|        | n for Probate and/or Appointment of Personal Representative  | (12/22) Case No                                       |                      |
|--------|--|---|----------------------|
| Page 3 | 3 of 3   |   |                      |
| □ 11   | . I nominate   | as personal representative, who is qualified          | and has the          |
|        | following priority for appointment:  |   |                      |
|        |  |   |                      |
|        | His/her address isAddress  |   |                      |
|        | City   | State   | Zip .                |
| □ 12   | 2. Other persons have prior or equal right to appointm   | ent. They are:  |                      |
|        | Name   | Name  |                      |
|        | Name   | Name  |                      |
| □ 13   | s. The will expressly requests that the personal repres  | entative serve with bond.                             |                      |
|        | the protection of persons interested in the estate  c. The decedent died intestate or left a will that doe administration is necessary because | s not direct supervised administration, but su        | •                    |
| □ 15   | i. A special personal representative is necessary beca   | use   |                      |
| IRE    | QUEST:   |   |                      |
| □ 16   | <ol> <li>An order determining heirs and that the decedent di<br/>in item 8 is/are valid and admitted to probate.</li> </ol>                    | ed $\square$ intestate. $\square$ testate and the doc | cument(s) stated     |
| □ 17   | . Formal appointment of the nominated personal repr  | esentative $\square$ with $\square$ without bond      | <b>1</b> .           |
| □ 18   | S. Supervised administration.  |   |                      |
| □ 19   | . Appointment of a special personal representative pe  | nding the appointment of the nominated perso          | nal representative.  |
|        | lare under the penalties of perjury that this petition has<br>information, knowledge, and belief.  | been examined by me and that its contents a           | are true to the best |
| Date   |  | Petitioner signature                                  |                      |
|        |  |   |                      |
| Date   |  | Attorney signature                                    |                      |