Approved, SCAO		PCS CODE: RE TCS CODE: RE
STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR REINSTATEMENT (CASE NOT CLOSED)	FILE NO.
In the matter ofFirst, middle, and last na	me	
USE NOTE: If the estate was closed under MCR 5.203, use forms PC 607 and PC 605	PETITION	
☐ 1.I was suspended as fiduciary	in this matter because of my failure to	
☐ file an annual report on t☐ file an annual report on t☐	the condition of legally incapacitated individual. the condition of minor. the condition of developmentally disabled individual.	
I am now correcting that defici		
	es, and their representatives are the same as those whose address changed, list the name and new address; attach s	
4. I REQUEST that I be reinstated a	as	
I declare under the penalties of perj my information, knowledge, and be	ury that this petition has been examined by me and lief.	that its contents are true to the best o
Date		
Petitioner signature	Address	
Petitioner name (type or print)	City. state. zip	Telephone no

(SEE SECOND PAGE)

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

Petition and Order for Reinstatemen	t (Case Not Closed)	(9/16)

File No.			

ORDER FOR REINSTATEMENT

THE COURT FINDS:

5. Notice of hearing was given to or waived by	all intereste	ed persons.		
6. The case was not closed and the fiduciary	\square has	\square has not	corrected the deficiency.	
IT IS ORDERED:				
☐ 7. Name		₋ is reinstated as	S Title	·
\square 8. The petition is denied.				
Date		Judge		Bar no.
Attorney signature		Address		
Name (type or print)	Bar no	City state	zin	Telephone no