

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT JUDICIAL DISTRICT COUNTY PROBATE</b>	<b>ACCEPTANCE OF RECEIVERSHIP APPOINTMENT (RECEIVERSHIP ESTATE)</b>	<b>CASE NO.</b>
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Court address Court telephone no.

Plaintiff(s) name(s), address(es), and telephone no(s).	v	Defendant(s) name(s), address(es), and telephone no(s).
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.
<input type="checkbox"/> Probate    In the matter of _____		

1. I accept the appointment as receiver for the receivership estate identified in the order of appointment.
2. By accepting this appointment, I acknowledge the following:
  - a. I am not disqualified under MCR 2.622(B)(6).
  - b. I am submitting to the personal jurisdiction of the court.
  - c. As receiver, I am a fiduciary for the benefit of all persons appearing in this action or proceeding.
  - d. I agree to file reports as required by court rule, statute, and order of this court.
  - e. I agree to perform the duties of a receiver as required by court rule, statute, and order of this court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of receiver/authorized agent of receiver

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this acceptance of receivership appointment on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 2.107(C)(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature