

Approved, SCAO

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>REPORTER/RECORDER CERTIFICATE          OF ORDERING          TRANSCRIPT ON APPEAL</b> Appeal to: <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit	<b>CASE NO.</b>
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Court address

Court telephone no.

Plaintiff's/Petitioner's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	<b>v</b>	Defendant's/Respondent's name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

Probate In the matter of \_\_\_\_\_

This certificate must be filed by the appellant or the reporter/recorder within 7 days after the transcript is ordered on appeals to the Court of Appeals. This certificate must be filed by the appellant within 7 days after the transcript is ordered on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On \_\_\_\_\_  a portion of the  the complete transcript of proceedings, taken in this case  
Date  
 before Hon. \_\_\_\_\_ on \_\_\_\_\_  
Bar no. Date(s)  
 \_\_\_\_\_, was ordered by  
Date(s)  
 a. \_\_\_\_\_, attorney for \_\_\_\_\_  
Attorney name (type or print) Name (type or print)  
 b. the appellant, \_\_\_\_\_  
Name (type or print)  
 c. the appellee, \_\_\_\_\_  
Name (type or print)  
 d. the court.
2. Payment has been secured and the transcript will be furnished by me on or about \_\_\_\_\_  
Estimated date of completion  
 Estimated number of pages is \_\_\_\_\_ .
3. The transcript has been filed with the court and furnished as requested. Date filed: \_\_\_\_\_
4. There is no record to be transcribed.

_____ <small>Date</small>	_____ <small>Certification designation and number</small>
_____ <small>Reporter/Recorder signature</small>	_____ <small>Business address</small>
_____ <small>Name (type or print)</small>	_____ <small>City, state, zip</small>
	_____ <small>Telephone no.</small>

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings: