

Approved, SCAO

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING</b>	<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.
<input type="checkbox"/> Probate In the matter of _____		

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

[_____] Attorney name and address  L _____	]	Representing: _____  _____
[_____] Attorney name and address  L _____	]	Representing: _____  _____

**NOTE:** A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On \_\_\_\_\_, I filed in the trial court  
Date  
 a. a portion of the transcript of the total proceedings taken in this case before Hon. \_\_\_\_\_  
Bar no.  
 on \_\_\_\_\_  
Date(s)  
 b. a complete transcript of the proceedings taken in this case.

2. I have notified all parties stated above that the transcript has been filed.

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

(See other side for an affidavit of mailing.)

(To be printed on the back of the original copy only - for filing in the appellate court.)

**AFFIDAVIT OF MAILING**

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

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

- personal service.
- registered mail (receipts attached).
- certified mail (receipts attached).
- first-class mail.

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

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- registered mail (receipts attached).
- certified mail (receipts attached).
- first-class mail.

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

- personal service.
- registered mail (receipts attached).
- certified mail (receipts attached).
- first-class mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporter/Recorder signature

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

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date

Notary public, State of Michigan, County of \_\_\_\_\_