

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	SAFE-DEPOSIT BOX CERTIFICATE AND RECEIPT	FILE NO. _____
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Estate of _____

CERTIFICATE

1. The undersigned certify that they were present on this date at the opening of the safe-deposit box number _____ located in _____, and
Name of bank, trust or safe-deposit company
- a. they did did not find a will of the decedent;
- b. they did did not find a deed to a burial plot in which decedent is to be buried;
- c. no item or items, other than the deed or will, were removed from the safe-deposit box.

2. No safe-deposit box was located.

Date

Signatures of others present, if any:

Signature

Signature

Signature of person named in order to examine contents of box

Signature of bank officer or authorized employee

REGISTER'S RECEIPT

3. I acknowledge receipt from _____
Name of person given authority by court order to examine contents of box

of the following items:

a. will of the decedent.

b. burial plot deed.

Date

Deputy probate register

Do not write below this line - For court use only