

STATE OF MICHIGAN PROBATE COURT COUNTY OF	INVENTORY <input type="checkbox"/> AMENDED (DECEDENT ESTATE)	FILE NO.
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In the matter of _____
First, middle, and last name

I, _____, personal representative, submit the following as a complete
Name (type or print)
and accurate inventory of all the assets of the estate and the fair market valuations as of _____ .
Date of death

PERSONAL PROPERTY AND REAL PROPERTY DESCRIPTION If property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien. Definitions and instructions for completing the inventory are below and on the other side of this form. The values of all property are calculated as of the decedent's date of death. *For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however, the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same. (Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Description of personal property	Gross value	Lien amount	Inventory value
Totals	Total Gross Value		Total Inventory Value

I declare under the penalties of perjury that this inventory has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature	Date
Attorney name (type or print) Bar no.	Signature
Address	Name (type or print)
City, state, zip Telephone no.	Address
City, state, zip Telephone no.	City, state, zip Telephone no.

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