

PERSONAL REPRESENTATIVE NOTICE TO THE FRIEND OF THE COURT

Estate of \_\_\_\_\_, decedent

1. The decedent's identifying information is \_\_\_\_\_ .  
Name, date of birth, and last 4 digits of SSN

2. As required by MCL 700.3705(6), I am providing the friend of the court, in the county where this estate is being administered, with the names and addresses of the decedent's surviving spouse and the devisees (testate estate) or the heirs (intestate estate).

The estate is being administered in \_\_\_\_\_ County. The probate court file number is \_\_\_\_\_ .

3. \_\_\_\_\_  
Name, date of birth, and last 4 digits of SSN of surviving spouse      Name, date of birth, and last 4 digits of SSN of devisee/heir

\_\_\_\_\_  
Address      Address

\_\_\_\_\_  
City, state, zip      City state, zip

\_\_\_\_\_  
Name, date of birth, and last 4 digits of SSN of devisee/heir      Name, date of birth, and last 4 digits of SSN of devisee/heir

\_\_\_\_\_  
Address      Address

\_\_\_\_\_  
City, state, zip      City, state, zip

\_\_\_\_\_  
Name, date of birth, and last 4 digits of SSN of devisee/heir      Name, date of birth, and last 4 digits of SSN of devisee/heir

\_\_\_\_\_  
Address      Address

\_\_\_\_\_  
City, state, zip      City, state, zip

\_\_\_\_\_  
Personal representative signature

\_\_\_\_\_  
Attorney name (type or print)      Bar no.      Personal representative name (type or print)

\_\_\_\_\_  
Address      Address

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

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this notice to the friend of the court office in this county by first-class mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Instructions to the Personal Representative:** This notice should be completed and provided to the friend of the court in the county where the decedent's estate is being administered within 28 days of your appointment.

Do not write below this line - For friend of the court use only