

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	APPLICATION FOR APPOINTMENT OF SUCCESSOR PERSONAL REPRESENTATIVE (ESTATE NOT CLOSED)	FILE NO. _____
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Estate of _____

1. I am interested in this estate as _____ .

2. a. _____ , appointed personal representative of the estate,
Name
 died on _____ , is now subject to a conservatorship,
and his/her appointment is terminated. (A copy of the certificate of death or letters of conservatorship is attached.)

b. _____ , personal representative of the estate, has executed a
Name
written statement of resignation and it is attached to this application. already on file in this court.

3. I adopt the statements in the application or petition that led to the appointment of the current personal representative, except as specifically changed or corrected as follows: (Attach separate sheet if necessary.) _____

4. I have priority to be appointed and/or to nominate a qualified person to act as a successor personal representative as follows: _____

5. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.) _____

6. It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.

7. Pending the appointment of a successor personal representative, it is necessary that a special personal representative be appointed in place of the personal representative who is deceased or under a conservatorship. A special personal representative should be appointed because _____ .

8. I REQUEST that _____ , residing at _____

Name Address

City State Zip

_____, or some other suitable person, be appointed successor personal representative in place of the personal representative whose appointment has been terminated.

(SEE SECOND PAGE)

Do not write below this line - For court use only

9. I REQUEST that _____, residing at _____
Name Address
_____, or some other suitable person, be appointed
City State Zip
special personal representative.

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

Date

Attorney signature

Applicant signature

Attorney name (type or print) Bar no.

Applicant name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.