

ESTATES UP TO \$19,000 – YOU NEED THE FOLLOWING (for PC 556):

1. A completed petition – front and back – typed or legibly printed in **BLACK INK**, and a death certificate.
2. A funeral bill marked "**PAID**," showing the amount paid and **WHO** paid it. If the funeral bill is not paid, you must have a copy of the bill showing the amount due.
3. Documentation showing the value of all assets **AS OF THE DATE OF DEATH**. Examples include: newspaper clipping showing stock values; business card from an auto dealer showing the value of the auto, truck, motorcycle, etc. If there is real estate, a tax statement or something showing the state equalized value for the year of death.
4. For **bank accounts**, show the name of the bank, the account number(s), and the balance at date of death. For **stocks and bonds**, show the name of the corporation, number of shares, price per share, and total value. For **autos, trucks, boats**, etc., include a description and the vehicle identification number. For **real estate**, list the complete legal description, not the street address.
5. The total value of the assets on the original and any amended petitions, after payment of funeral and burial expenses, may not exceed \$19,000.00.
6. Testimony of interested parties (PC 565) must be completed.
7. The filing fee is \$25.00 plus an inventory fee which varies according to the value of the assets before funeral expenses. Examples of the inventory fee: \$25.00 for \$1,000 in assets; \$68.75 for \$10,000 in assets; \$118.75 for \$20,000 in assets.

You are responsible for the proper completion of all necessary forms. The law prohibits court personnel from giving you assistance or legal advice.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

TESTIMONY
INTERESTED PERSONS

FILE NO. _____

Estate of _____

1. My name is: _____ My address is: _____

2. I am related to the decedent (or know his/her family) as follows: _____

3. The date and time of death of the decedent is _____ Date _____ Time _____ and at that time, his/her domicile (residence) was: _____ Address _____

NOTE: FOR THE FOLLOWING QUESTIONS TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the Decedent in item 14 below.

4. The decedent did not leave a surviving spouse. left a surviving spouse named: _____

5. a. The decedent had the following children, both natural (born in or out of wedlock) and adopted: _____

b. Of the children listed in 5.a, the following are no longer heirs due to their adoption by someone other than a step-parent: _____

c. Of the children listed in 5.a, the following were not children of the surviving spouse: _____

Answer question 6 only if question 5.a. was checked.

6. a. The following children listed in 5.a. died before the decedent: _____

b. Children listed in 6.a. left their own children (either natural or adopted) or left grandchildren from one or more of their own predeceased children who survived the decedent. The names of these descendants and the name of the child in 6.a. to whom they are related is as follows: _____

c. Of the persons listed in 6.b, the following are no longer heirs due to their adoption by someone other than a step-parent: _____

SEE SECOND PAGE

Do not write below this line - For court use only

If decedent left no surviving descendant, complete 7.

7. The decedent did not leave a surviving father and/or mother. left a surviving father and/or mother named:

If decedent is not survived by spouse, descendants or parents, complete 8. (and 9. if applicable)

8. The decedent did not leave surviving brothers or sisters. left the the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:

9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are:

If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10. (and 11. if applicable)

10. The decedent did not leave surviving grandparents. left surviving grandparents (both maternal and paternal) named: _____

11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationship to the grandparents are:

Maternal grandparents: _____

Paternal grandparents: _____

12. The following heirs listed above are under legal disability. Their name(s), legal disability, and name of their representative are: _____

13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent his or her interests are: _____

14. The following persons identified above did not survive the decedent by 120 hours. Their name(s), relationship to decedent, and date and time of death are as follows:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

The decedent left a will and some of the devisees named in the will and codicils are not heirs of the testator. A supplemental testimony form is completed and attached.

Witness signature

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

My commission expires: _____ Date _____ Signature: _____ Judge/Deputy register/Notary public Bar no. _____

Notary public, State of Michigan, County of _____

Attorney signature

Address

Name (type or print)

Bar no.

City, state, zip

Telephone no.

5. The name, age, relationship, and address of each heir is as follows:

NAME	AGE	RELATIONSHIP	ADDRESS

6. I REQUEST that the property listed above be assigned as follows:

- \$ _____ to _____
Name(s) for funeral and burial expenses.
- to the surviving spouse, _____.
- to the following heirs: _____
- _____

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

 Attorney signature

 Date

 Name (type or print) Bar no.

 Petitioner signature

 Address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

ORDER ASSIGNING ASSETS

7. IT IS ORDERED that the property described above is assigned as follows:

- a. \$ _____ to _____
Name(s) for funeral and burial expenses.
- b. to the surviving spouse, _____.
- c. to the following heirs in the stated proportions: _____
- _____
- _____
- _____

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

 Date

 Judge Bar no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

 Date

 Deputy register