Approved, SCAO JIS CODE: IPA

| TATE OF MICHIGAN ROBATE COURT OUNTY OF APPLICATION FOR INFORMA AND/OR APPOINTMENT OF REPRESENTATIVE (TESTATI | | PERSO | NAL | FILE NO. | | | |
|---|--|------------------------------------|------------------|------------------|------------------------------------|---------------------------|--|
| Estate of | | | | | | | |
| 1. I, Name of applicant | | | $_{-}$, am inte | rested in | the estate and make this | application as | |
| Relationship to decedent, i.e., heir, de | • | itor, beneficiary, etc | | | VVV VV | | |
| 2. Decedent information: | cedent information: | | Date of birth | | XXX-XX- Last four digits of | Last four digits of SSN | |
| Domicile (at date of death): City/Township/Village | | | Count | ty | | State | |
| 3. A death certificate has been No death certificate is availated. 4. As far as I know or could ascern heirs of the decedent, and other (Required testimony forms are attact). | able. Attached is alter tain with reasonable di er interested persons, | native documer ligence, the nar | nes and a | ddresses | s of the spouse, children | | |
| NAME | ADDRESS | | | | RELATIONSH | IP* AGE/DOB (if minor) | |
| St | reet address | | | (| | | |
| Ci | ity | | | Zip | | | |
| St | reet address | address | | | | | |
| Ci | City | | | Zip | | | |
| Street address | | | | | | | |
| Ci | City | | | Zip | | | |
| *Specify spouse, child, devisee, or h Of the interested persons listed will require representation: | | are under legal c | isability o | r otherwi | se represented and pres | ently have or | |
| NAME | LEGAL DIS | LEGAL DISABILITY | | REPR Name, ad | RESENTEDBY ddress, and capacity | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. a. Venue is proper in this co b. The decedent was not do located in this county at the | omiciled in Michigan, b | | | | | decedent was | |
| | (SE | EE SECOND PA | GE) | | | | |
| | Do not write | below this line - | For court u | ise only | | | |

| instrument relating to property located b. I am aware of an unrevoked testamen 700.1301, but the instrument is not b according to MCL 700.3311): | d in this state as ntary instrument eing probated be | onable diligence, I am unaware of any unrevoked testamentary defined under MCL 700.1301. relating to property located in this state as defined under MCL ecause (if this statement is true, the probate register must deny this application pplication. |
|---|--|---|
| c. The decedent's will, dated | | , with codicil(s) dated, |
| is/are offered for probate and \Box is/a | ire attached to th | is application. \Box is/are already in the court's possession. |
| d. An authenticated copy of the will and state | | probated in County, cuments establishing its probate are attached to this application. |
| 7. To the best of my knowledge, I believe that | | e) subject to this application, if any, was/were validly executed and ence, I am unaware of an instrument revoking the will or codicil(s). |
| ☐ 8. A personal representative has been prevand the appointment has not been terminated by the second seco | viously appointed nated. The pers | d inCounty, conal representative's name and address are: State |
| Name | | Address |
| City | State | Zip |
| | | nal representative, who is qualified and has the following priority |
| Name for appointment: | | |
| тог арропштени. | nis/fiei au | Address |
| City | State | Zip |
| \square 10. Other persons have prior or equal right | to appointment | as personal representative. They are: |
| Name | | Name |
| Name | | Name |
| Suitable renunciations, nominations, and/o or will be filed. | r a Notice of Inter | nt to Seek Informal Appointment and proof of its service have been |
| \Box 11. The will expressly requests that the pe | rsonal represent | ative serve with bond. |
| \square 12. A special personal representative is ne | cessary because | 9 |
| I REQUEST: | | |
| \square 13. Informal probate of the will. | | |
| \Box 14. Informal appointment of the nominated | l personal repre | sentative \square with \square without bond. |
| \Box 15. The appointment of a special personal | representative po | ending the appointment of the nominated personal representative. |
| I declare under the penalties of perjury that thi my information, knowledge, and belief. | s application has | been examined by me and that its contents are true to the best of |
| | | 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. |