

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate	FILE NO. _____
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Estate of \_\_\_\_\_

**\*\*\*USE THIS FORM ONLY IF A DEVISEE NAMED IN THE WILL OR CODICIL IS NOT AN HEIR OF THE TESTATOR\*\*\*****NOTE: 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 18 below.**

16. The names of all devisees named in the will and codicils who are not heirs of the decedent (include testamentary trustees and beneficiaries of testamentary trusts) are \_\_\_\_\_

☐ 17. Of the devisees listed in 16, the following died before the decedent. Their names and relationships to the decedent are \_\_\_\_\_

☐ 18. The following devisees died within 120 hours after the decedent. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATIONSHIP	DATE OF DEATH	TIME OF DEATH

☐ 19. The following are descendants of the predeceased devisees named above, who survived the decedent:

☐ 20. Class gifts in the will or codicils, where the members are not specifically identified by name, are as follows:

(SEE SECOND PAGE)

Do not write below this line - For court use only

☐ 21. The following devisees named above are under legal disability. Their names, legal disabilities, and names of their representative(s) are

\_\_\_\_\_  
\_\_\_\_\_ .

☐ 22. The following deceased devisees survived the decedent by more than 120 hours. Their names and the names of those who represent their interests are

\_\_\_\_\_  
\_\_\_\_\_ .

☐ 23. The guardian ad litem for each devisee under the will and codicils who is unborn, unknown, or unascertainable is

\_\_\_\_\_ .

\_\_\_\_\_  
Witness signature

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

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Judge/Deputy register/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
Address

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