

Death of Protected Individual – Closing the Conservatorship

This packet will provide you with information on your duties in wrapping up the conservatorship so that you may be discharged by the court.

Use of Funds

Your powers as conservator ended on the date of death, so if funeral and burial expenses were not prepaid, you will need to seek court approval before paying the funeral bill or any other bills. The Petition and Order to Use Funds ([PC 673](#)) can be used for this and the filing fee is \$20. Except to the extent you seek and receive court permission to pay bills, retain the property and money until an estate has been filed and a Personal Representative (PR) has been appointed or the assets are otherwise transferred.

Notifications

You should inform agencies such as the Department of Human Services, Social Security Administration and Veterans Administration if the individual was receiving benefits. If monthly benefit checks come after death, do not cash them. If the individual owned life insurance, you should also inform the life insurance company of the person's death.

Filing the Will

If you have possession of the individual's original will, deliver it to the probate court. Then notify the person nominated as personal representative in the will that you have done so.

Final Account

You will also need to file a final account within **56 days** of the date of death, along with the following items:

- Death certificate – a photocopy is fine
- Final account ([PC 584](#)) – as of the date of death
- Petition to Allow Account(s) ([PC 585a](#))
- Proof of Service ([PC 564](#)) – showing service on interested parties
- \$20 filing fee

Allowing the Final Account

Once the final account is filed, a "paper" hearing will be set to allow the final account and any other accounts that have not yet been allowed. If no objections are received, on the date of the hearing the judge will sign the Order Allowing Account(s) and you will receive a copy. The order will indicate that you will be discharged upon proof of transfer of assets, due within 90 days.

Turning over the Assets

The last thing to do is to turn over everything of value to the personal representative appointed for the estate, or transfer assets not required to be probated, such as property with a designated beneficiary or jointly owned with rights of survivorship. You should obtain a receipt ([PC 621](#) or [PC 588](#)) or otherwise document the transfer. Submit all receipts and records of transfer to the court. Once documentation of transfer is received by the court, you will be discharged as conservator. If an estate is opened, your discharge will not occur until the personal representative files an inventory showing receipt of the property.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER TO USE FUNDS (CONSERVATORSHIP)	FILE NO.
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In the matter of _____

PETITION

- I, _____, am conservator of the estate.
Name
- 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.)

- As of _____ the ward's total assets are \$ _____ .
Date
- I REQUEST** permission to withdraw \$ _____ of the ward's money from _____
_____ to be used as follows for the benefit of the ward: Account no. and name of financial institution

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	Petitioner signature	_____	_____
_____	_____	_____	_____
Name (type or print)	Bar no.	Petitioner name (type or print)	_____
_____	_____	_____	_____
Address	_____	Address	_____
_____	_____	_____	_____
City, state, zip	Telephone no.	City, state, zip	Telephone no.

ORDER

- IT IS ORDERED:**
5. The petition is denied.
6. The petition is granted. The conservator is authorized to withdraw \$ _____ from the account stated in the petition. If access to these funds was restricted, access to the remainder of the funds is still restricted. Receipts or proof that the money was spent for the requested purpose shall be filed with this court by _____ .
Date
7. Other: _____

_____	_____	_____
Date	Judge	Bar no.

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

_____	_____
Date	Deputy register

Instructions to Financial Institution: Do not accept any document other than a certified copy of this order with the court seal. Please retain this certified copy.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

ACCOUNT OF FIDUCIARY, LONG FORM
 _____ **Annual** **Final** **Interim**
 Number **AMENDED**

FILE NO.

In the matter of _____

In a guardianship or conservatorship, the ward's or protected individual's current address and telephone number are:

1. I, _____, am the _____
Name Title

of the estate and submit the following as my account, which covers the period from _____
Month, day, year

to _____ (may not exceed 12 months).
Month, day, year

2. SUMMARY

Balance on hand from last account, or value of inventory if first account	\$ _____
Add income in this accounting period (Total from Schedule A.)	\$ _____
Total assets accounted for	\$ _____
Subtract disbursements in this accounting period (Total from Schedule B.).....	\$ _____
Total balance of assets remaining (Itemize and describe in Schedule D.)	\$ _____

If additional sheets are required for Schedule A or B, place all itemization on those sheets and include only category totals on the schedules below.

SCHEDULE A: Income and gain in this accounting period		SCHEDULE B: Expenses, losses, and other disbursements, including distributions to devisees and beneficiaries	
Investment gain		Investment loss	
Disposition gain, if any, from Schedule C		Disposition loss, if any, from Schedule C	
Total Income and Gain		Total Expense, Loss, and Disbursement	

(SEE SECOND PAGE)

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SCHEDULE C: Gain and loss on disposition of assets (Use only if needed.)

DESCRIPTION	DATE ACQUIRED	DATE SOLD/DISPOSED	VALUE AT TIME ACQUIRED BY FIDUCIARY	PROCEEDS OF SALE/ DISPOSITION	GAIN (LOSS)
TOTAL GAIN (LOSS)					

If gain, transfer to Schedule A. If loss, transfer to Schedule B.

SCHEDULE D: Itemized assets remaining at end of accounting period

If additional sheets are required, indicate on Schedule "See attached sheets."

BALANCE OF ASSETS REMAINING (Show this amount on summary.)

NOTE: In guardianships and conservatorships, except as provided by MCR 5.409(C)(4), you must present to the court copies of corresponding financial institution statements or you must file with the court a verification of funds on deposit, either of which must reflect the value of all liquid assets held by a financial institution dated within 30 days after the end of the accounting period.

- 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.)

- This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.
- This account is not being filed with the court.
- My fiduciary fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ _____. Attached is a written description of the services performed.
- Attorney fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ _____. Attached is a written description of the services performed.

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

_____ Date

Attorney signature

Fiduciary signature

Attorney name (type or print) Bar no.

Fiduciary name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

(For accounts that must be filed with the court.)

NOTICE TO INTERESTED PERSONS

- You must bring to the court's attention any objection you have to this account. Except in guardianships and conservatorships, the court does not normally review the account without an objection.
- You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
- You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C].)
- If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
- You must serve the objection on the fiduciary or his/her attorney.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION TO ALLOW ACCOUNT(S)	FILE NO.
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In the matter of _____

1. One or more accounts listing all income and other receipts and expenses and other disbursements, which have come to my knowledge during the accounting period(s), have been filed with the court.
2. 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)

3. The attached accounts include
 - a. attorney fees and costs in the amount of \$ _____.
 - b. fiduciary fees and expenses in the amount of \$ _____.

IREQUEST:

4. The court approve my fees and expenses and attorney fees and costs in the amount(s) stated above as set forth in the itemized statements attached to the account.
5. That the account(s) be allowed as my
 - interim account.
 - _____ account(s).
specify whether 1st, 2nd, 3rd, annual, or final
6. That I be discharged. That bond be canceled.
 That the estate be continued. closed.

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.

<p>_____ Attorney signature</p> <p>_____ Attorney name (type or print) Bar no.</p> <p>_____ Address</p> <p>_____ City, state, zip Telephone no.</p>	<p>_____ Date</p> <p>_____ Fiduciary signature</p> <p>_____ Fiduciary name (type or print)</p> <p>_____ Address</p> <p>_____ City, state, zip Telephone no.</p>
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STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

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

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**RECEIPT OF PROPERTY
FROM CONSERVATOR**

FILE NO.

Estate of _____

1. _____ was the decedent's conservator at the time of the decedent's death.
Name

2. I received the following property from the conservator: (describe property received)

Date

Signature

Name (type or print)

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**RECEIPT OF DISTRIBUTIVE SHARE
PERSONAL PROPERTY**
 FULL PARTIAL

FILE NO.

Estate of _____

I received from the personal representative the following: (describe property received)

Date

Signature

Name (type or print)

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only