

# Small Estate Assignment

(Estates less than \$15,000, as adjusted for COL)

## Filing Requirements

These instructions have been prepared by the Leelanau County Probate Court staff to assist you in correctly completing the assignment process. **The Probate Court staff will assist you if you have further questions about procedures; however, staff is prohibited from giving legal advice.** If you do not understand these instructions or are not able to fill out the petition and other forms by yourself, consider contacting an attorney for assistance.

**What is a Small Estate?** The total value of the assets on the original and any amended petitions, after payment of funeral and burial expenses, may not exceed:

Year of Death	Value of Assets
2014	\$22,000
2012 - 2013	\$21,000
2009 – 2011	\$20,000
2007 – 2008	\$19,000
2005 – 2006	\$18,000
2002 – 2004	\$17,000
2001	\$16,000
Prior to 2001	\$15,000

**Fees** Filing Fee \$25.00 + Inventory Fee \$\_\_\_\_.00 = **Total \$\_\_\_\_.00**

The Inventory Fee is based on the total value of the estate assets listed on your petition. Please call the court at (231) 256-9803 for the exact amount to include. Checks should be made payable to "Leelanau County Probate Court."

**Required for Filing**

1. Petition and Order for Assignment ([PC 556](#))
2. Death Certificate
3. Copy of paid funeral bill showing who paid. If the funeral bill is not paid, you must have a copy of the bill showing the amount due.
4. Testimony to Identify Heirs ([PC 565](#)) – will help you determine who the heirs are, but is not required for court filing.

**Who May File** Only an heir (as determined on the Testimony form) or an individual who paid the funeral bill may petition the court.

**Completing the Petition** List all information about the asset that is available. For bank accounts, show the name of the bank, the account number(s), and the balance at the date of death. For stocks and bonds, show the name of the corporation, number of shares, price per share, and total value at the date of death. For autos, trucks, boats, etc., include a description and the vehicle number. In some cases, titled vehicles can be taken care of at the Secretary of State's office through an Affidavit of Heirship. Please contact your local Secretary of

State office for more information on this process. For real estate, list the complete legal description, not the street address.

**How Assets are Assigned**

Because small estate assignment is an expedited procedure, Michigan Statute is very strict on how a decedent's estate may be assigned, and *the provisions of any will do not apply*. Complete **Item #6** requesting assignment of the assets in the following order:

- **First**, the estate assets will be applied to pay any unpaid funeral or burial expenses to the funeral home. If the funeral and burial expenses have been paid by any individuals or entities (including DHS or a trust), the funeral expenses will be repaid out of the estate. If the estate is less than or equal to the amount of the funeral and burial expenses, then the entire estate goes to pay or repay those expenses.
- **Second**, if there are assets left over after full payment of funeral and burial expenses, any remainder will be assigned to the surviving spouse.
- **Third**, if there is no surviving spouse, the assets will be assigned to the remaining heirs by representation, MCL 700.2106.

**Filing with the Court**

**In Person:** Leelanau County Probate Court is located on the north side of M-204 on East Government Center Drive on the 2<sup>nd</sup> floor of the Government Center, Suite 203.

Office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday. Please call ahead if you plan to file in person. (231) 256-9803.

**By Mail:** Leelanau County Probate Court  
8527 E. Government Center Dr., Suite 203  
Suttons Bay, MI 49682

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION AND ORDER FOR ASSIGNMENT</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_, decedent **XXX-XX-**  
Last four digits of SSN

**PETITION**

I, \_\_\_\_\_, represent that:  
Name and relationship

1. Decedent died on \_\_\_\_\_ .  
Date
2.  Decedent was a resident of \_\_\_\_\_ in this county.  
City/Township
- Decedent lived outside of Michigan and left an estate within this county to be administered.
3. The decedent's personal and real property, gross values, and lien amounts (if any) are listed below. The values of all property are calculated as of the decedent's date of death. \*For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however, the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same. (Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value(less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value(less lien)*
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
<b>Totals</b>	<b>Total Gross Value</b>		<b>Total Inventory Value</b>

4. Funeral and burial expenses are \$ \_\_\_\_\_ .  
The following persons have paid the following amounts toward the funeral and burial expenses: (Statements and receipts are attached.)

NAME	AMOUNT	NAME	AMOUNT

The amount of funeral and burial expenses remaining unpaid is \$ \_\_\_\_\_ .  
The gross value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$15,000 as adjusted annually for cost of living.

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5. The name and address of the surviving spouse or, if there is not a spouse, the name, age, relationship, and address of each of the decedent's heirs are as follows:

NAME	AGE	RELATIONSHIP	ADDRESS		
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip

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

- a. for funeral and burial expenses, \$ \_\_\_\_\_ to \_\_\_\_\_, \$ \_\_\_\_\_  
to \_\_\_\_\_, and \$ \_\_\_\_\_ to \_\_\_\_\_.
- b. to the surviving spouse, \_\_\_\_\_.
- c. to the following heirs in the stated proportions, \_\_\_\_\_.

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  
\_\_\_\_\_  
Name (type or print) Bar no.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Petitioner signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

**ORDER ASSIGNING ASSETS**

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

- a. for funeral and burial expenses, \$ \_\_\_\_\_ to \_\_\_\_\_, \$ \_\_\_\_\_  
to \_\_\_\_\_, and \$ \_\_\_\_\_ to \_\_\_\_\_.
- 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 Larry J. Nelson, Probate Judge

P24869  
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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

TESTIMONY TO  
IDENTIFY HEIRS

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 the death of the decedent is \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ and at that time the decedent's domicile (residence) was \_\_\_\_\_ Address \_\_\_\_\_

**NOTE: IN 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 stepparent:  
\_\_\_\_\_

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 are 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 stepparent:  
\_\_\_\_\_

**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 \_\_\_\_\_

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**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 relationships 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(s) of their representative(s) 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 decedent's interests are \_\_\_\_\_

\_\_\_\_\_

14. The following persons identified above did not survive the decedent by 120 hours. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

15. The decedent left a will.  All devisees are heirs.  Some of the devisees named in the will or codicil are not heirs of the testator. (A supplemental testimony form is completed and attached.)

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

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

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.