

Decedent Estate – Formal Filing

Filing Procedures

These instructions have been prepared by the Leelanau County Probate Court staff to assist you in correctly completing the estate process. This packet contains the minimum required forms to open a formal estate. Once filed, the Court will set a hearing at least 14 days out. The Court will serve the initial documents prior to the hearing on all interested parties and a Personal Representative will be appointed by the Probate Judge. After the hearing and appointment of a Personal Representative, the Personal Representative has a duty to fully and properly administer the estate. This packet does NOT contain a description of every duty required of a personal representative. **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, you may want to speak to an attorney.

Filing Fee

\$175.00

Each certified copy of the Letters of Authority is \$12

Required for Filing

1. Petition for Probate and/or Appointment of Personal Representative ([PC 559](#))
2. Protected Personal Identifying Information ([MC 97](#))
3. Death Certificate
4. Will and Codicil (originals or copies if originals cannot be produced), if any
5. Testimony to Identify Heirs ([PC 565](#))
6. Supplemental Testimony to Identify Nonheir Devisees ([PC 566](#)), if there are any devisees who are not heirs
7. Acceptance of Appointment ([PC 571](#))
8. Addendum to Protected Personal Identifying Information ([MC 97a](#))
9. Other forms may be required, depending on circumstances. Forms are available online at <http://courts.michigan.gov/Administration/SCAO/Formsages/Estates-and-Trusts.aspx>

Recommendation Regarding Attorney

An attorney should be consulted and retained to handle probate proceedings, especially if there is real estate involved. Estates are almost always complicated enough to justify such professional services.

Court Contact:

Leelanau County Probate Court
8527 E. Government Center Dr., Suite 203
Suttons Bay, MI 49682
(231) 256-9803 PH
(231) 256-9845 FAX

Kristina Mattis, Probate Register
Email: kmattis@leelanau.gov

STATE OF MICHIGAN PROBATE COURT LEELANAU COUNTY	PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE <input type="checkbox"/> TESTATE <input type="checkbox"/> INTESTATE	CASE NO. and JUDGE Hon. Marian Kromkowski
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Court address 8527 E. Government Center Drive, Suite 203, Suttons Bay, Michigan 49682	Court telephone no. 231-256-9803
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In the matter of _____
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I, _____, am interested in the estate and make this petition as
Name of petitioner
 _____ as defined by MCL 700.1105(c).
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

2. Decedent information: _____
Date of death Time (if known) Put DOB in Ref. No. row 1 on MC 97. Put last 4 digits of SSN in Ref. No. row 2 on MC 97.
Date of birth **XXX-XX-** Last four digits of SSN

Domicile (at date of death): _____
City/Township/Village County State

Estimated value of estate assets: Real estate: \$ _____ Personal estate: \$ _____

3. A death certificate has been issued, and a copy accompanies this petition as a separate document.
 No death certificate is available. Attached is alternative documentation of the decedent's death.
4. As far as I know or could ascertain with reasonable diligence, the names and addresses of the heirs and devisees of the decedent and other interested persons, the relationship to the decedent, and the ages of any who are minors are:
(Required testimony forms are attached.)

NAME	ADDRESS	RELATIONSHIP (Heir/Devisee)	AGE (if minor)*
	Street address		
	City State Zip		
	Street address		
	City State Zip		
	Street address		
	City State Zip		
	Street address		
	City State Zip		

*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

4. (continued)

Of the interested persons listed above, the following are under legal disability or otherwise represented and presently have or will require representation:

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

5. a. Venue is proper in this county because the decedent was domiciled in this county on the date of death.
 b. The decedent was not domiciled in Michigan, but venue is proper in this county because property of the decedent was located in this county at the date of death.

6. An application was previously filed and a personal representative was appointed informally.

7. A personal representative has been previously appointed in _____ County, _____ State and the appointment has not been terminated. The personal representative's name and address are

Name Address

City State Zip

8. a. The decedent's will, dated _____, with codicil(s) dated _____ is/are offered for probate and is/are attached to this petition. already in the court's possession.

b. An authenticated copy of the will and codicil(s), if any, probated in _____ County, _____ State is/are offered for probate, and documents establishing its probate accompany this petition.

c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition. The will is lost, destroyed, or otherwise unavailable, but its contents are (Attach additional sheets as necessary.)

9. The decedent's will was formally informally probated on _____ in _____ County.

10. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is/are the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).

a. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.

b. I am aware of an unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301, but the instrument is not being probated because _____

The instrument is attached to this petition. is already in the court's possession.

11. I nominate _____ as personal representative, who is qualified and has the following priority for appointment: _____

His/her address is _____
Address

City State Zip

12. Other persons have prior or equal right to appointment. They are:

Name

Name

Name

Name

13. The will expressly requests that the personal representative serve with bond.

14. a. The decedent left a will that directs supervised administration.

b. The decedent left a will that directs unsupervised administration, but supervised administration is necessary for the protection of persons interested in the estate because (Complete on line below.)

c. The decedent died intestate or left a will that does not direct supervised administration, but supervised administration is necessary because (Complete on line below.)

15. A special personal representative is necessary because _____

I REQUEST:

16. An order determining heirs and that the decedent died intestate. testate and the document(s) stated in item 8 is/are valid and admitted to probate.

17. Formal appointment of the nominated personal representative with without bond.

18. Supervised administration.

19. Appointment of a special personal representative pending the appointment of the nominated personal representative.

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.

Date

Petitioner signature

Date

Attorney signature

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY LEELANAU	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Marian Kromkowski
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Court address Court telephone no.
 8527 E. Government Center Drive, Suttons Bay, Michigan 49682 231-256-9803

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
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In the matter of _____

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY LEELANAU	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Marian Kromkowski
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Court address 8527 E. Government Center Drive, Suite 203, Suttons Bay, Michigan 49682	Court telephone no. 231-256-9803
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Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

STATE OF MICHIGAN PROBATE COURT COUNTY OF	TESTIMONY TO IDENTIFY HEIRS	FILE NO.
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Estate of _____
First, middle, and last name

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 _____ and at that time the
decedent's domicile (residence) was _____
Date Time 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 parent. left a surviving parent named _____
_____ .

(SEE SECOND PAGE)

Do not write below this line - For court use only

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 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 and are currently living. 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.)

Signature

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

My commission expires: _____ Signature: _____
Date 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.

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

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.

<p>STATE OF MICHIGAN PROBATE COURT COUNTY</p> <p>LEELANAU</p>	<p>ACCEPTANCE OF APPOINTMENT</p>	<p>CASE NO. and JUDGE</p> <p>Hon. Marian Kromkowski</p>
--	---	--

<p>Court address 8527 E. Government Center Drive, Suite 203, Suttons Bay, Michigan 49682</p>	<p>Court telephone no. 231-256-9803</p>
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In the matter of _____
First, middle, and last name

- I have been appointed _____ of the person/estate.
Type of fiduciary
- I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
not to exceed 91 days

the following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

Date

Signature

Attorney name (type or print)

Bar no.

Name (type or print)

Attorney Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

Put DOB in row 10 on MC 97a.
Date of birth