

Estate of \_\_\_\_\_, decedent **XXX-XX-**  
Last four digits of SSN

**PETITION**

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

1. Decedent died on \_\_\_\_\_ Date. Attached is a death certificate.
2.  Decedent was a resident of \_\_\_\_\_ City/Township in this county.  
 Decedent lived outside of Michigan and left an estate within this county to be administered.

3. 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 total value of the decedent's property remaining after payment of funeral and burial expenses does/will not exceed \$15,000 as adjusted for cost of living. \*(See below)

4. The decedent's property and its gross value (if known) is as follows: (attach separate sheet if necessary)

DESCRIPTION OF PROPERTY	ESTIMATED VALUE
Total	

**SEE SECOND PAGE**

Do not write below this line – For court use only

<i>* This amount is adjusted for cost-of-living based on the year of death as follows:</i>	
Date of Death	Amount
Before January 1, 2001	\$15,000.00
2001	\$16,000.00
2002-2004	\$17,000.00
2005-2006	\$18,000.00
2007-2008	\$19,000.00
2009-2011	\$20,000.00
2012-2013	\$21,000.00
2014-2017	\$22,000.00
2018-2019	\$23,000.00
2020	\$24,000.00

**FILED** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
**Deputy Register of Probate**

5. The name, age, relationship, and address of each heir is as follows:

NAME	AGE	RELATIONSHIP	ADDRESS

6. **I REQUEST** that any financial institution be ordered to reveal to the petitioner whether the decedent had any accounts with them and if so, the account number(s) and the balance(s) in the account(s) both at the time of the decedent's death and at the present.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**ORDER FOR DISCOVERY**

7. **IT IS ORDERED that:**

Upon presentation of a certified copy of this order, any financial institution shall reveal to the petitioner whether the decedent had any account(s) with them, and if so, the account number(s) and the balance(s) in the account(s) both at the time the decedent's death and at present, for purposes of causing an assignment of decedent's assets, if said assets total less than \$15,000.00.\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge 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