

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR ASSIGNMENT</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN  
First, middle, and last name of decedent **XXX-XX-** in box 2 on MC 97.  
Last four digits of SSN

Petitioner's name, address, and telephone no.

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

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.)

Note: Do not provide financial account numbers on this form. If an account number is necessary to distinguish between accounts, put it on form MC 97.

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
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.

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
			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 \_\_\_\_\_ ,  
Name  
\$ \_\_\_\_\_ to \_\_\_\_\_ , and \$ \_\_\_\_\_  
Name
- 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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