

STATE OF MICHIGAN PROBATE COURT COUNTY	SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name of decedent

*****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:

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

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

Date

Signature

Attorney signature

Name (type or print) Bar no.

Address

City, state, zip Telephone no.