

<b>STATE OF MICHIGAN CIRCUIT COURT</b>	<b>INVENTORY OF INTERIM ADMINISTRATOR</b> <input type="checkbox"/> <b>AMENDED</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

Interim Administrator's name, bar no., address, and telephone no.

Affected Attorney's name, bar no., address, and telephone no.

\_\_\_\_\_ submits the following as a complete and accurate inventory of all  
Interim Administrator  
interest-bearing trust accounts for deposit of client and third-party funds of \_\_\_\_\_  
Affected Attorney  
as of \_\_\_\_\_. (Attach separate sheet if necessary.)  
Date of inventory

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interim Administrator signature

\_\_\_\_\_  
Name (type or print)