JIS Code: PER, OAA

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION AND ORDER FOR ASSIGNMENT	CASE NUMBER and JUDGE

Court address **Court telephone number**

In the matter of _____ **XXX-XX-** _____
First, middle, and last name of decedent — Last four digits of SSN

Put last 4 digits of SSN in box 2 on MC 97.

Petitioner's name, address, and telephone number	Petitioner's attorney, bar number, address, and telephone number

PETITION

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.

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*
Totals	Total Gross Value		Total Inventory Value

* For **real property** only, if the date of death is on or after March 28, 2013, the gross value of a parcel must 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 a separate sheet if necessary.)

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 $50,000 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 _____ (Name) , and $ _____
to _____ (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

Case Number _____

ORDER ASSIGNING ASSETS

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

IT IS ORDERED:

☐ 7. The property described above is assigned as follows:

☐ a. for funeral and burial expenses, $ _____ to _____ (Name),

$ _____ to _____ (Name), and $ _____

to _____ (Name).

☐ b. to the surviving spouse, _____ .

☐ c. to the following heirs in the stated proportions, _____

_____

_____ .

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

☐ 8. The petition is ☐ denied. ☐ dismissed/withdrawn.

_____
Judge signature and date