

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION TO ESTABLISH DEATH OF ACCIDENT OR DISASTER VICTIM	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

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

Petitioner's name, address, and telephone no.

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

1. I am interested in this matter as _____.

2. Presumed decedent information: Put DOB in Ref. No. row 1 on MC 97. _____ Put last 4 digits of SSN in **XXX-XX-** Ref. No. row 2 on MC 97. _____
Date of birth _____ Last four digits of SSN _____

Domicile: _____
City/Township/Village _____ County _____ State _____

Name of foreign country if citizen of foreign country

3. This petition is being filed not less than 63 days nor more than 7 years after the accident/disaster.

4. The presumed decedent apparently died as a result of an accident or a disaster which occurred on or about

_____ and _____, if known,
Date _____ Time _____

- a. at _____, within this county.
Location
- b. upon or within the Great Lakes or their connecting waters, at a location adjacent to this county.
- c. at a location outside of Michigan or its adjoining waters but the presumed decedent was domiciled in this county at the time of death.

5. The facts and circumstances concerning the accident or disaster are as follows: _____

6. The reasons I believe the presumed decedent died in the accident or disaster are as follows: _____

7. The body of the presumed decedent is unidentifiable.
 has disappeared.

8. The name, age, and relationship to the presumed decedent and the address of each person known or believed to be an heir of the presumed decedent are as follows:

NAME	AGE	RELATIONSHIP	RESIDENCE

9. Of the above heirs, the following are under legal disability:

NAME	DISABILITY	REPRESENTED BY: (name, address, capacity)

I REQUEST that the court establish the location of the accident or disaster, the cause, and date of the presumed decedent's death, and, if possible, the time of death.

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