

STATE OF MICHIGAN PROBATE COURT COUNTY	SAFE-DEPOSIT BOX CERTIFICATE AND RECEIPT	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

CERTIFICATE

1. The undersigned certify that they were present on this date at the opening of the safe-deposit box number _____ located in _____, and
Name of institution
- a. they did did not find a will of the decedent;
- b. they did did not find a deed to a burial plot in which decedent is to be buried;
- c. no item or items, other than the deed or will, were removed from the safe-deposit box.
2. No safe-deposit box was located.

Date

Signature of others present, if any:

Signature

Signature of person named in order to examine contents of box

Signature of officer or authorized employee of institution

Signature

REGISTER'S RECEIPT

3. I acknowledge receipt from _____
Person named in order to examine contents of box
- of the following items:
- a. will of the decedent.
- b. burial plot deed.

Deputy probate register signature and date