

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

ORDER ESTABLISHING DEATH  
OF  
ACCIDENT OR DISASTER VICTIM

FILE NO.

In the matter of \_\_\_\_\_, presumed decedent

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to or waived by all interested persons.

3. An accident or disaster occurred on \_\_\_\_\_ in which the following person was killed or may be presumed  
Date

to have died: \_\_\_\_\_

Name

XXX-XX-

\_\_\_\_\_

Last four digits of social security no. Date of birth

\_\_\_\_\_

Street address

City

State

Zip

4. The accident or disaster occurred at \_\_\_\_\_.

5. The above described person is dead.

6. The date of death is \_\_\_\_\_.  
Date

7. The time of death

is at or about \_\_\_\_\_ m.  
Time

is not possible to ascertain.

**IT IS ORDERED** the death of the presumed decedent is established in accordance with the above findings.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only