

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR ASSIGNMENT	FILE NO.
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Estate of _____, decedent **XXX-XX-**
First, middle, and last name Last four digits of SSN

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

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

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 \$15,000 as adjusted annually for cost of living.

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

6. I REQUEST that the property listed above be assigned as follows:

- a. for funeral and burial expenses, \$ _____ to _____, \$ _____
Name
 to _____, 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.

 Attorney signature

 Name (type or print) Bar no.

 Address

 City, state, zip Telephone no.

 Date

 Petitioner signature

 Address

 City, state, zip Telephone no.

ORDER ASSIGNING ASSETS

IT IS ORDERED:

- 7. The property described above is assigned as follows:
 - a. for funeral and burial expenses, \$ _____ to _____, \$ _____
Name
 to _____, 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.

 Date

 Judge Bar no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

 Date

 Deputy register