

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION TO DETERMINE HEIRS Separate Proceedings	FILE NO.
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Estate of _____

1. I, _____, make this petition as _____ .
Name State your interest/relationship

2. Decedent died intestate on _____, a resident of _____
in this county. Date City, township, or village

3. The property of the decedent at the date of his/her death had an estimated total value of \$ _____ .

4. The names, relationships, and addresses of the heirs of the decedent are set forth in the attached sworn testimony form.

5. Of the above heirs, none is under legal disability or otherwise represented, except as follows: _____

6. No other proceedings have been instituted in this or any other court to administer the estate of the decedent, and it is not necessary that a personal representative be appointed.

I REQUEST that the court determine and adjudge:

- 7. a. the date of death of the decedent.
- b. the domicile of the decedent at the time of death.
- c. that the decedent died intestate.
- d. the heirs of the decedent.
- e. the inheritance tax due, if any.

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

Date

Name (type or print) Bar no.

Petitioner signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Do not write below this line - For court use only