

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR ASSIGNMENT	FILE NO.
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Estate of _____, decedent XXX-XX-
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. 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 total value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$15,000 as adjusted for cost of living.

4. The decedent's property and its gross value is as follows: (attach separate sheet if necessary)

DESCRIPTION OF PROPERTY	VALUE
Total	

SEE SECOND PAGE

Do not write below this line - For court use only

5. The name, age, relationship, and address of each heir is as follows:

NAME	AGE	RELATIONSHIP	ADDRESS

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

Date

Name (type or print) Bar no.

Petitioner signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

ORDER ASSIGNING ASSETS

7. IT IS ORDERED that 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.

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