

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>ORDER FOR COMPLETE ESTATE SETTLEMENT</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_

Bar no.

**THE COURT FINDS:**

- 2. Notice of hearing was given to or waived by all interested persons.
- 3. The time for presenting claims has expired.
- 4.  The final account is correct and ought to be allowed.
- 5.  The assets of the estate have been distributed, and all claims properly presented have been paid, settled, or disposed of.  
 The schedule for distribution and payment of claims correctly identifies the manner in which assets remaining in the estate shall be paid and/or distributed.
- 6.  a. No Michigan estate or inheritance tax is due.  
 b. Michigan estate tax or inheritance tax has been paid in full (evidence of full payment from Michigan Department of Treasury is attached).
- 7. Decedent's heirs are determined: \_\_\_\_\_

- 8. Decedent died  
 intestate.  
 with a valid, unrevoked will dated \_\_\_\_\_ with codicil(s) dated \_\_\_\_\_.

**IT IS ORDERED:**

- 9.  The decedent died intestate.
- 10.  The will and codicil(s) are valid and admitted to probate.
- 11.  The final account is approved.
- 12.  Fiduciary fees and/or attorney fees are approved except: \_\_\_\_\_
- 13.  Distributions already made or as set forth in the schedule for distribution and payment of claims are approved.
- 14.  Appointment of the personal representative is terminated, the personal representative is discharged, and the bond, if any, is cancelled. Estate administration is closed.
- 15.  Appointment of the personal representative is terminated and the bond, if any, is cancelled. Estate administration is closed.
- 16.  Upon filing evidence of payment of the claims and distributions as set forth above (if any) the appointment of the personal representative may be terminated and an order of discharge entered.
- 17.  Decedent's heirs are as determined in item 7 above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

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