

<b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b>	<b>NOTICE OF DISALLOWANCE OF CLAIM</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

**TO:** Claimant name and address

Your written statement of claim dated \_\_\_\_\_ for \$ \_\_\_\_\_ is disallowed

in whole.  in part as to \_\_\_\_\_

The  entire claim  portion of the claim that has been disallowed \_\_\_\_\_ will be forever barred unless you start a civil action by filing a complaint against the fiduciary. Your complaint must be filed with the appropriate district, circuit, or probate court not later than **63** days after the mailing or delivery of this notice.

_____ Signature of attorney	_____ Date
_____ Name of attorney (type or print)	_____ Signature of fiduciary
_____ Address	_____ Name of fiduciary (type or print)
_____ City, state, zip	_____ Address
_____ Telephone no.	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.

**PROOF OF SERVICE**

I certify that on \_\_\_\_\_ I served a copy of this notice on the claimant by  
Date

- first-class mail at the address stated above.
- delivering it personally to the claimant.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date	_____ Signature of fiduciary/attorney
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Do not write below this line - For court use only