



*Calhoun County Probate Court*  
*Calhoun County, Michigan*

*Michael L. Jaconette*  
*Chief Probate Judge*

*Calhoun County Justice Center*  
*161 E. Michigan Ave.*  
*Battle Creek, MI 49014-4066*  
*269-969-6794*  
*Fax (269) 969-6797*

*Kristen L. Getting*  
*Court Administrator*

*Cindy K. Rude*  
*Probate Manager/Register*

**FORMAL ESTATES**

Forms filed in the County of Residence of the Decedent (from death certificate):

- 1) Petition for Probate and/or Appointment of Personal Representative (PC 559) - filed by an 'interested person' as defined in statute and/or court rule
- 2) Protected Personal Identifying Information (**MC 97**) **for the decedent**
- 3) Death Certificate
- 4) Original Will and Codicil, if any
- 5) Testimony to Identify Heirs (PC 565)
- 6) Supplemental Testimony to Identify Non-Heir Devisees (PC 566) if there are any devisees who are not heirs
- 7) Acceptance of Appointment (PC 571)
- 8) Addendum to Protected Personal Identifying Information (**MC 97a**) **for the proposed personal representative**
- 9) Criminal History Release form for the proposed personal representative
- 10) Other forms may be required, depending on circumstances

Filing Fee:

\$175 filing fee + \$12 for certified copy of Letters of Authority = \$187 total

Priority for Appointment:

- 1) Person nominated in will, if any
- 2) Surviving spouse, if a devisee under the will
- 3) Other devisees
- 4) Surviving spouse
- 5) Other heirs
- 6) After 42 days after the decedent's death, the nominee of a creditor
- 7) State or county public administrator
- 8) A person with priority under 2-5 above may nominate a qualified person to serve as personal representative, and that nominee has the priority of the nominator

Recommendation Regarding Attorney:

An attorney should be consulted and retained to handle probate proceedings, especially if there is real estate involved. Estates are almost always complicated enough to justify such professional services.

# Filing Fee \$175

JIS Code: PFA

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE</b> <input type="checkbox"/> TESTATE <input type="checkbox"/> INTESTATE	<b>CASE NO. and JUDGE</b>
---	--	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I, \_\_\_\_\_, am interested in the estate and make this petition as  
Name of petitioner  
 \_\_\_\_\_ as defined by MCL 700.1105(c).  
Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc.

2. Decedent information: \_\_\_\_\_  
Date of death      Time (if known)      Put DOB in Ref. No. row 1 on MC 97.      Put last 4 digits of SSN in Ref. No. row 2 on MC 97.  
 \_\_\_\_\_  
Date of birth      **XXX-XX-** Last four digits of SSN

Domicile (at date of death): \_\_\_\_\_  
City/Township/Village      County      State

Estimated value of estate assets: Real estate: \$ \_\_\_\_\_ Personal estate: \$ \_\_\_\_\_

3.  A death certificate has been issued, and a copy accompanies this petition as a separate document.  
 No death certificate is available. Attached is alternative documentation of the decedent's death.
4. As far as I know or could ascertain with reasonable diligence, the names and addresses of the heirs and devisees of the decedent and other interested persons, the relationship to the decedent, and the ages of any who are minors are:  
(Required testimony forms are attached.)

NAME	ADDRESS	RELATIONSHIP (Heir/Devisee)	AGE (if minor)*
	Street address		
	City      State      Zip		
	Street address		
	City      State      Zip		
	Street address		
	City      State      Zip		
	Street address		
	City      State      Zip		

\*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

4. (continued)

Of the interested persons listed above, the following are under legal disability or otherwise represented and presently have or will require representation:

NAME	LEGAL DISABILITY	REPRESENTED BY Name, address, and capacity

5.  a. Venue is proper in this county because the decedent was domiciled in this county on the date of death.  
 b. The decedent was not domiciled in Michigan, but venue is proper in this county because property of the decedent was located in this county at the date of death.

6. An application was previously filed and a personal representative was appointed informally.

7. A personal representative has been previously appointed in \_\_\_\_\_ County, \_\_\_\_\_ State and the appointment has not been terminated. The personal representative's name and address are

\_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 City State Zip

8.  a. The decedent's will, dated \_\_\_\_\_, with codicil(s) dated \_\_\_\_\_ is/are offered for probate and is/are  attached to this petition.  already in the court's possession.

b. An authenticated copy of the will and codicil(s), if any, probated in \_\_\_\_\_ County, \_\_\_\_\_ State is/are offered for probate, and documents establishing its probate accompany this petition.

c. Neither the original will nor an authenticated copy of a will probated in another jurisdiction accompanies the petition. The original will is lost, destroyed, or otherwise unavailable, but  a copy of the will is attached.  its contents are described below. (Attach additional sheets as necessary.)

\_\_\_\_\_  
 \_\_\_\_\_

9. The decedent's will was  formally  informally probated on \_\_\_\_\_ in \_\_\_\_\_ County.

10. To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was/were validly executed and is/are the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).

a. After exercising reasonable diligence, I am unaware of any unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301.

b. I am aware of an unrevoked testamentary instrument relating to property located in this state as defined under MCL 700.1301, but the instrument is not being probated because \_\_\_\_\_

\_\_\_\_\_  
 The instrument  is attached to this petition.  is already in the court's possession.

11. I nominate \_\_\_\_\_ as personal representative, who is qualified and has the  
Name  
following priority for appointment: \_\_\_\_\_ .  
His/her address is \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

12. Other persons have prior or equal right to appointment. They are:  
\_\_\_\_\_  
Name Name  
\_\_\_\_\_  
Name Name

13. The will expressly requests that the personal representative serve with bond.

14.  a. The decedent left a will that directs supervised administration.  
 b. The decedent left a will that directs unsupervised administration, but supervised administration is necessary for the protection of persons interested in the estate because (Complete on line below.)  
 c. The decedent died intestate or left a will that does not direct supervised administration, but supervised administration is necessary because \_\_\_\_\_  
\_\_\_\_\_

15. A special personal representative is necessary because \_\_\_\_\_  
\_\_\_\_\_

**I REQUEST:**

- 16. An order determining heirs and that the decedent died  intestate.  testate and the document(s) stated in item 8 is/are valid and admitted to probate.
- 17. Formal appointment of the nominated personal representative  with  without bond.
- 18. Supervised administration.
- 19. Appointment of a special personal representative pending the appointment of the nominated personal representative.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	--------------------

Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after January 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>TESTIMONY TO IDENTIFY HEIRS</b>	<b>CASE NO. and JUDGE</b>
---	------------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

1. My name is \_\_\_\_\_ . My address is \_\_\_\_\_  
\_\_\_\_\_

2. I am related to the decedent (or know his/her family) as follows: \_\_\_\_\_

3. The date and time of the death of the decedent is \_\_\_\_\_ and at that time the  
decedent's domicile (residence) was \_\_\_\_\_  
Date Time Address

**NOTE: IN THE FOLLOWING QUESTIONS, TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 14 below.**

4. The decedent  did not leave a surviving spouse.  
 left a surviving spouse named \_\_\_\_\_

5.  a. The decedent had the following children, both natural (born in or out of wedlock) and adopted:  
\_\_\_\_\_  
 b. Of the children listed in 5a, the following are no longer heirs due to their adoption by someone other than a stepparent: \_\_\_\_\_  
 c. Of the children listed in 5a, the following were not children of the surviving spouse: \_\_\_\_\_

**Answer question 6 only if question 5a was checked.**

6.  a. The following children listed in 5a died before the decedent: \_\_\_\_\_  
\_\_\_\_\_  
 b. Children listed in 6a left their own children (either natural or adopted) or left grandchildren from one or more of their own predeceased children who survived the decedent. The names of these descendants and the name of the child in 6a to whom they are related are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
 c. Of the persons listed in 6b, the following are no longer heirs due to their adoption by someone other than a stepparent: \_\_\_\_\_

**If decedent left no surviving descendant, complete 7.**

7. The decedent  did not leave a surviving parent.  left a surviving parent named \_\_\_\_\_

**If decedent is not survived by spouse, descendants, or parents, complete 8 (and 9, if applicable).**

8. The decedent  did not leave surviving brothers or sisters.  left the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:

9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are \_\_\_\_\_

**If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10 (and 11, if applicable).**

10. The decedent  did not leave surviving grandparents.  left surviving grandparents (both maternal and paternal) named \_\_\_\_\_

11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationships to the grandparents are

Maternal grandparents: \_\_\_\_\_

Paternal grandparents: \_\_\_\_\_

12. The following heirs listed above are under legal disability and are currently living. Their name(s), legal disability, and name(s) of their representative(s) are \_\_\_\_\_

13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent decedent's interests are \_\_\_\_\_

14. The following persons identified above did not survive the decedent by 120 hours. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH





<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate</b>	<b>CASE NO. and JUDGE</b>
---	---	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

**\*\*\*USE THIS FORM ONLY IF A DEVISEE NAMED IN THE WILL OR CODICIL IS NOT AN HEIR OF THE TESTATOR\*\*\***

**NOTE: TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 18 below.**

16. The names of all devisees named in the will and codicils who are not heirs of the decedent (include testamentary trustees and beneficiaries of testamentary trusts) are \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Of the devisees listed in 16, the following died before the decedent. Their names and relationships to the decedent are \_\_\_\_\_  
 \_\_\_\_\_

18. The following devisees died within 120 hours after the decedent. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATIONSHIP	DATE OF DEATH	TIME OF DEATH

19. The following are descendants of the predeceased devisees named above, who survived the decedent:  
 \_\_\_\_\_  
 \_\_\_\_\_

20. Class gifts in the will or codicils, where the members are not specifically identified by name, are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. The following devisees named above are under legal disability. Their names, legal disabilities, and names of their representative(s) are

\_\_\_\_\_  
\_\_\_\_\_

22. The following deceased devisees survived the decedent by more than 120 hours. Their names and the names of those who represent their interests are

\_\_\_\_\_  
\_\_\_\_\_

23. The guardian ad litem for each devisee under the will and codicils who is unborn, unknown, or unascertainable is

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
Address

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
---	----------------------------------	---------------------------

**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility  
not to exceed 91 days

the following real estate or ownership interest in a business entity: \_\_\_\_\_  
Describe real property or business interest

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

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

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 Attorney Address

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Put DOB in row 10 on MC 97a.  
 Date of birth

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
--	---	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after January 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual completing form and date

<b>Ref. No.</b>	<b>Instructions:</b> Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
	<b>Please add Driver's License Number for the proposed fiduciary in the field marked Other.</b>		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other

