


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
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Kristen L. Getting
Court Administrator

Cindy K. Rude
Probate Manager/Register

INFORMAL ESTATES

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

- 1) Application for Informal Probate and/or Appointment of Personal Representative (PC 558) - 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) 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: IPA

STATE OF MICHIGAN PROBATE COURT COUNTY	APPLICATION FOR INFORMAL PROBATE AND/OR APPOINTMENT OF PERSONAL REPRESENTATIVE (TESTATE/INTESTATE)	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of _____
First, middle, and last name

Applicant's name, address and telephone no.

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

1. I, _____, am interested in the estate and make this application as
Name of applicant

Relationship to decedent, i.e., heir, devisee, child, spouse, creditor, beneficiary, etc. _____
Put DOB in Ref. No. row 1 on MC 97.

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

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

3. A death certificate has been issued, and a copy accompanies this application as a separate document.
 No death certificate is available. Attached is alternative documentation of the decedent's death.

4.a. As far as I know or could ascertain with reasonable diligence, the names and addresses of the spouse, children, devisees, and heirs 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*	AGE (if minor)**
	Street address		
	City State Zip		
	Street address		
	City State Zip		
	Street address		
	City State Zip		
	Street address		
	City State Zip		

*Specify spouse, child, devisee, or heir.
 **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.b. 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. a. The decedent died intestate and 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 MCL700.1301, but the instrument is not being probated because (if this statement is true, the probate register must deny this application according to MCL 700.3311): _____
 The instrument is attached to this application. is already in the court's possession.

c. The decedent's will, dated _____, with codicil(s) dated _____, is/are offered for probate and is/are attached to this application. is/are already in the court's possession.

d. 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 are attached to this application.

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

8. 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

9. I nominate _____ as personal representative, who is qualified and has the following priority for appointment: _____ . His/her address is: _____
 Name Address

 City State Zip

10. Other persons have prior or equal right to appointment as personal representative. They are:

 Name Name

 Name Name

Suitable renunciations, nominations, and/or a Notice of Intent to Seek Informal Appointment and proof of its service have been or will be filed.

- 11. The will expressly requests that the personal representative serve with bond.
- 12. A special personal representative is necessary because _____

I REQUEST:

- 13. Informal probate of the will.
- 14. Informal appointment of the nominated personal representative with without bond.
- 15. The appointment of a special personal representative pending the appointment of the nominated personal representative.

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

Date

Applicant signature

Date

Attorney signature

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

STATE OF MICHIGAN PROBATE COURT COUNTY	TESTIMONY TO IDENTIFY HEIRS	CASE NO. and JUDGE
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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

STATE OF MICHIGAN PROBATE COURT COUNTY	SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate	CASE NO. and JUDGE
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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.

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
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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

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

Ref. No.	Instructions: 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.		
	Please add Driver's License Number for the proposed fiduciary in the field marked Other.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other