

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

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*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*

### **REOPENING AN ESTATE**

File forms in the original estate file:

- 1) Application/Petition to Reopen Estate (PC 607)
  - a. If file was closed with sworn closing statement/certificate of completion, may file Application
  - b. If file was administratively closed, must file Petition
- 2) Protected Personal Identifying Information (**MC 97**) **for the decedent**
- 3) Testimony to Identify Heirs (PC 565), if there have been any changes since the estate was closed.
- 4) Acceptance of Appointment (PC 571)
- 5) Addendum to Protected Personal Identifying Information (**MC 97a**) **for the proposed personal representative**
- 6) Criminal History Release **for the proposed personal representative** if filing by Petition.
- 7) 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) Previous Personal Representative
- 2) Other person with priority may be appointed by Application
- 3) Someone without priority may be appointed by Petition

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.

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**APPLICATION**       **PETITION**  
**TO REOPEN ESTATE**

**FILE NO.**

Estate of \_\_\_\_\_

1. I am interested in the estate and make this application/petition as \_\_\_\_\_ .  
State your interest/relationship

2. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

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

3. \_\_\_\_\_ completed administration of the estate. (If applicable, check a or b.)  
Name

a. At the time the estate was closed, the estate was subject to supervised administration. (Check "petition" in the title above.)

- b. The personal representative's authority to act has terminated because
- an order of complete estate settlement was entered following notice to all interested persons and following a hearing, and the personal representative was discharged.
  - the sworn statement was filed more than one year ago.
  - the estate was closed before April 1, 2000.
  - the estate was administratively closed under MCL 700.3951.

4. \_\_\_\_\_ failed to perform the required duties, administration of the estate was not completed, and the estate was administratively closed by court order on \_\_\_\_\_ and remains closed. (A petition must be filed.)  
Date

a. The required duties

- have not been performed.
- have been performed and the required filings are attached and being filed with this petition.

b.  It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.

5. The estate was administratively closed for good cause, after notice and hearing. (Check "petition" in the title above.)

6. It is necessary to reopen the estate because

- estate property valued at \$ \_\_\_\_\_ has been discovered and requires administration.
- there is other good cause to reopen the estate as follows:

\_\_\_\_\_

(SEE SECOND PAGE)

Do not write below this line - For court use only

7. **I REQUEST** that the estate be reopened and that administration of the reopened estate be granted to

\_\_\_\_\_, Name \_\_\_\_\_, Address \_\_\_\_\_

\_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

the former personal representative.  a successor personal representative.  a special personal representative.

who has priority as \_\_\_\_\_ . Other persons having prior or equal right are

\_\_\_\_\_.  
Name(s)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Applicant/Petitioner signature

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

\_\_\_\_\_  
Applicant/Petitioner name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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.

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



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



<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>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

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

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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

**CALHOUN COUNTY PROBATE COURT CRIMINAL HISTORY CHECK**

CASE NAME: \_\_\_\_\_

FILE #: \_\_\_\_\_

I, the undersigned, having requested my appointment as a fiduciary with the Calhoun County Probate Court, do hereby authorize the Calhoun County Probate Court to conduct a criminal history check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as a fiduciary.

**Please print information below:**

PROPOSED FIDUCIARY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Suffix

MAIDEN/OTHER NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DRIVER'S LICENSE/ IDENTIFICATION NUMBER: \_\_\_\_\_

STATE OF ISSUANCE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature