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| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY OF</b> | <b>APPLICATION FOR<br/>APPOINTMENT OF SUCCESSOR<br/>PERSONAL REPRESENTATIVE<br/>(ESTATE NOT CLOSED)</b> | <b>FILE NO.</b> |
|--|---|-----------------|

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

1. I am interested in this estate as \_\_\_\_\_ .

2.  a. \_\_\_\_\_ , appointed personal representative of the estate,  
 Name  
 died on \_\_\_\_\_ ,  is now subject to a conservatorship,  
 and his/her appointment is terminated. (Certificate of death or letters of conservatorship are attached.)

b. \_\_\_\_\_ , personal representative of the estate, has executed a  
 Name  
 written statement of resignation and it is  attached to this application.  already on file in this court.

3. I adopt the statements in the application or petition that led to the appointment of the current personal representative, except as specifically changed or corrected as follows: (Attach separate sheet if necessary.) \_\_\_\_\_

4. I have priority to be appointed and/or to nominate a qualified person to act as a successor personal representative as follows: \_\_\_\_\_

5. 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.) \_\_\_\_\_

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

7. I **REQUEST** that:

- a.  The resigning personal representative
  - The personal representative for the deceased personal representative
  - The conservator for the current personal representative
- be ordered to account for and deliver the estate property to the duly qualified successor.

b. \_\_\_\_\_ , residing at \_\_\_\_\_ ,  
 Name Address City State Zip  
 or some other suitable person, be appointed  special  successor personal representative in place of the  
 personal representative whose appointment has been terminated.

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

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

\_\_\_\_\_  
Applicant signature

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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