STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR ASSIGNMENT	FILE NO.

Estate of _____ , decedent **XXX-XX-**_____

Last four digits of SSN

PETITION

I, _____ , represent that:

Name and relationship

1. Decedent died on _____ .

Date

2. ☐ Decedent was a resident of _____ in this county.

City/Township

☐ Decedent lived outside of Michigan and left an estate within this county to be administered.

3. Funeral and burial expenses are $_____ .
The following persons have paid the following amounts toward the funeral and burial expenses: (Statements and receipts are attached.)

NAME	AMOUNT	NAME	AMOUNT

The amount of funeral and burial expenses remaining unpaid is $_____ .
The total value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed
$15,000 as adjusted for cost of living.

4. The decedent's property and its gross value is as follows: (Attach separate sheet if necessary.)

DESCRIPTION OF PROPERTY	VALUE
Total	

(SEE SECOND PAGE)

Do not write below this line - For court use only

5. The name and address of the surviving spouse or, if there is not a spouse, the name, age, relationship, and address of each of the decedent's heirs are as follows:

NAME	AGE	RELATIONSHIP	ADDRESS		
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip

6. **I REQUEST** that the property listed above be assigned as follows:

☐ a. for funeral and burial expenses, $_____ to _____ , $_____
Name

to _____ , and $_____ to _____ .
Name   Name

☐ b. to the surviving spouse, _____ .

☐ c. to the following heirs in the stated proportions, _____

_____ .

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.

_____   _____
Attorney signature   Date

_____   _____
Name (type or print)   Bar no.   Petitioner signature

_____   _____
Address   Address

_____   _____
City, state, zip   Telephone no.   City, state, zip   Telephone no.

ORDER ASSIGNING ASSETS

7. **IT IS ORDERED** that the property described above is assigned as follows:

☐ a. for funeral and burial expenses, $_____ to _____ , $_____
Name

to _____ , and $_____ to _____ .
Name   Name

☐ b. to the surviving spouse, _____ .

☐ c. to the following heirs in the stated proportions, _____

_____ .

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

_____   _____
Date   Judge   Bar no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

_____   _____
Date   Deputy register