

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR ASSIGNMENT	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

In the matter of _____ Put last 4 digits of SSN
First, middle, and last name of decedent **XXX-XX-** in box 2 on MC 97.
Last four digits of SSN

Petitioner's name, address, and telephone no.

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

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. The decedent's personal and real property, gross values, and lien amounts (if any) are listed below. The values of all property are calculated as of the decedent's date of death. *For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same. (Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Totals	Total Gross Value		Total Inventory Value

4. 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 gross value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$15,000 as adjusted annually for cost of living.

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
			Street address	City	State Zip
			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 \$ _____
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.

Date

Petitioner 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 April 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 April 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	ORDER FOR ASSIGNMENT (Part 1)	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____ **XXX-XX-**
First, middle, and last name of decedent Last four digits of SSN

Petitioner's name, address, and telephone no.

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

A petition for assignment was filed on _____ .
Date

IT IS ORDERED:

1. The property described above is assigned as follows:
- a. for funeral and burial expenses, \$ _____ to _____ ,
Name
 \$ _____ to _____ , and \$ _____
Name
 to _____ .
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.

2. The petition is denied. dismissed/withdrawn.


 Judge signature and date

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

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR ASSIGNMENT (Part 2)	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____ **XXX-XX-** 
First, middle, and last name of decedent Last four digits of SSN

Petitioner's name, address, and telephone no.

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

A petition for assignment was filed on _____ .
Date

IT IS ORDERED:

1. The property described above is assigned as follows:
- a. for funeral and burial expenses, \$ _____ to _____ ,
Name
 \$ _____ to _____ , and \$ _____
Name
 to _____ .
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.

2. The petition is denied. dismissed/withdrawn.

 Judge signature and date

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