

# **SMALL ESTATE** **ASSIGNMENT OF PROPERTY**

**PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE  
OR HELP YOU FILL OUT THESE FORMS.  
IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.**

## **FORMS INCLUDED IN THIS PACKET**

- Petition for Assignment (PC 556)
- Protected Personal Identifying Information (MC 97)
- Testimony to Identify Heirs (PC 565)

## **ADDITIONAL DOCUMENTS AND FEES REQUIRED TO FILE A SMALL ESTATE**

- A copy of the Death Certificate
- A copy of the paid funeral/burial expenses receipt
- The original Last Will and Testament and any Codicils (if applicable)
- \$25.00** filing fee according to the Probate Court Fee Schedule
- \$13.00** certified copy fee according to the Probate Court Fee Schedule
- An **inventory fee** based on the value of the estate. (You may contact the court for the amount of this fee once you have determined to total value of the assets to be assigned).

Michigan Law MCL 700.3982 allows a small estate to be probated using an expedited process. The court files any wills and/or codicils but does not admit them to probate. A personal representative is not appointed and a court order is issued assigning assets.

The decedent must have been a resident of the county at the time of passing or was not a Michigan resident but left property within the county.

See next page for information regarding qualification for Petition for Assignment based on the values of the decedent's estate at the time of passing.

## PETITION FOR ASSIGNMENT

**To qualify for Petition for Assignment, the total value of the estate, subtracting any funeral and burial expenses which are either decedents or were paid by someone other than the decedent after the decedent's death is as follows:**

DATE OF DEATH	MAXIMUM AMOUNT TO QULAIFY FOR PETITION FOR ASSIGNMENT	Maximum lien amount that can be used to reduce the total estate value to qualify for Small Estate (Gross Value)
02/21/2024 - Present	\$50,000	\$250,000
01/01/2024 - 02/20/2024	\$28,000	\$250,000
2023	\$27,000	\$250,000
2022	\$25,000	\$250,000
2021	\$24,000	\$250,000
2020	\$24,000	\$250,000
2019	\$23,000	\$250,000
2018	\$23,000	\$250,000
2017	\$22,000	\$250,000
2016	\$22,000	\$250,000
2015	\$22,000	\$250,000
2014	\$22,000	\$250,000
2013	\$21,000	\$250,000
2012	\$21,000	\$0
2011	\$20,000	\$0
2010	\$20,000	\$0
2009	\$20,000	\$0
2008	\$19,000	\$0
2007	\$19,000	\$0
2006	\$18,000	\$0
2005	\$18,000	\$0
2004	\$17,000	\$0
2003	\$17,000	\$0
2002	\$17,000	\$0
2001	\$16,000	\$0
10/01/1994 - 12/31/2000	\$15,000	\$0
12/13/1984 - 09/30/1994	\$5,000	\$0
07/01/1979 - 12/12/1984	\$2,500	\$0
10/01/1972 - 06/30/1979	\$1,500	\$0
08/28/1964 - 09/30/1972	\$1,000	\$0
09/03/1949 - 08/27/1964	\$500	\$0
09/10/1942 - 09/02/1949	\$200	\$0

Real estate lien value can be used to reduce inventory value for purposes in determining inventory fee but cannot reduce value more than the value of the real estate with lien.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> OSCEOLA <b>COUNTY</b>	<b>PETITION AND ORDER</b> <b>FOR ASSIGNMENT</b>	<b>CASE NUMBER and JUDGE</b>  HON. TYLER THOMPSON (P70870)
<b>Court address</b> 301 W. UPTON AVE., REED CITY MI 49677		<b>Court telephone number</b> 231-832-6124

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 number

Petitioner's attorney, bar number, address, and telephone number

**Note:** You may only use this form if the value of the decedent's gross estate does not/will not exceed \$50,000 as adjusted annually for the cost of living. The value of the decedent's gross estate is calculated by adding the value of the decedent's personal property to the value of the decedent's real property and subtracting any unpaid funeral or burial expenses. When calculating the value of the decedent's gross estate to determine whether this form may be used, if there is real property included in the estate, you must deduct any lien amount (not to exceed \$250,000 as adjusted annually for the cost of living) from the value of the real property.

**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. 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.

**Note:** Do not provide financial account numbers on this form. If an account number is necessary to distinguish between accounts, put it on form MC 97.

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*
Totals	Total Gross Value		Total Inventory Value

\* For **real property** only, if the date of death is on or after March 28, 2013, the gross value of a parcel must be reduced by any lien amount on that parcel; however, the remaining inventory value of that parcel cannot be less than zero. Do not subtract any liens when entering the gross value of a parcel in the list above. For **personal property**, the gross value and inventory value are the same. (Attach a separate sheet if necessary.)

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 \$50,000 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

**ORDER ASSIGNING ASSETS**

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

**IT IS ORDERED:**

7. The property described above is assigned as follows:

a. for funeral and burial expenses, \$ \_\_\_\_\_ to \_\_\_\_\_, Name  
\$ \_\_\_\_\_ to \_\_\_\_\_, Name, and \$ \_\_\_\_\_  
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.**

8. 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.

\_\_\_\_\_  
Deputy register signature and date

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson ( P70870)
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Osceola

Court address

301 W Upton Ave., Reed City, MI 49677

Court telephone no.

231-832-6124

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

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). 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:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public 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 public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public 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.	<b>Instructions:</b> 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 public documents.		
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  
OSCEOLA COUNTY

TESTIMONY TO IDENTIFY HEIRS

CASE NO. and JUDGE

Hon. Tyler Thompson ( P70870)

Court address  
301 W Upton Ave., Reed City, MI 49677

Court telephone no.  
231-832-1624

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



15. The decedent left a will.       All devisees are heirs.  
 Some of the devisees named in the will or codicil are not heirs of the testator.  
(A supplemental testimony form is completed and attached.)

I declare under the penalties of perjury that this 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.