

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 556m)
- Protected Personal Identifying Information (MC 97)
- Testimony to Identify Heirs (PC 565)
- Proposed Order for Assignment (PC 556o)

EPIC FORMS

These forms and additional SCAO approved forms are available and can be viewed, printed, and completed at:

<https://www.courts.michigan.gov/SCAO-forms/Estates-Trusts/>

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
- \$12.00 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.

The total value of the estate is \$15,000 or less, subtracting any funeral and burial expense which are either unpaid or paid by someone other than the decedent after the decedent's death. The \$15,000 amount is adjusted annually for inflation beginning January 1, 2001, and has increased to \$24,000 as of January 1, 2021.

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	PETITION FOR ASSIGNMENT	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave., Reed City MI 49677	Court telephone no. 231-832-6124
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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.)

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
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

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

- a. for funeral and burial expenses, \$ _____ to _____ ,
\$ _____ to _____ , and \$ _____
to _____ .
- 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	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
Osceola		Hon. Tyler Thompson P70870

Court address Court telephone no.
 Courthouse Annex, 410 W Upton Ave, Reed City MI 49677 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.	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 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 COUNTY OF Osceola	TESTIMONY TO IDENTIFY HEIRS	FILE NO.
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Estate of _____
First, middle, and last name

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
Date Time
 decedent's domicile (residence) was _____
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 5.a, the following are no longer heirs due to their adoption by someone other than a stepparent:

c. Of the children listed in 5.a, the following were not children of the surviving spouse: _____

Answer question 6 only if question 5.a. was checked.

6. a. The following children listed in 5.a. died before the decedent: _____

b. Children listed in 6.a. 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 6.a. to whom they are related are as follows:

c. Of the persons listed in 6.b, 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 _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

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.)

Signature

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Judge/Deputy register/Notary public Bar no.

Notary public, State of Michigan, County of _____

Attorney signature

Address

Name (type or print) Bar no.

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	ORDER FOR ASSIGNMENT (Part 1)	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave., Reed City MI 49677	Court telephone no. 231-832-6124
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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 in the above-referenced petition for assignment 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
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STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	ORDER FOR ASSIGNMENT (Part 2)	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave., Reed City MI 49677	Court telephone no. 231-832-6124
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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 in the above-referenced petition for assignment 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