

# Jackson County Probate Court

312 S. Jackson St.  
Jackson, MI 49201  
Phone: 517-788-4290  
Fax: 517-788-4291

## Instructions for Application for Appointment of Successor Personal Representative

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

Do NOT use this packet if the estate has been closed. In that event, you will need to petition to reopen the estate.

### Fees

- Filing Fee - \$20.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
  - New letters will only be issued if your application is granted.

Fees cannot be returned if your application is denied.

### Forms

Please read all instructions carefully. Below, you will find specific instructions for each form contained in the packet.

1. Application for Appointment of Successor Personal Representative (PC 620): Complete the entire form.
2. Fiduciary Proof of Identity (optional): Complete this form with all requested information. The information required is the proposed personal representative's information. You must attach to the form a clear photo copy of the proposed personal representative's driver's license. It is not made available to the public.
3. Renunciation of Right to Appointment, Nomination of Personal Representative and Waiver of Notice (PC 567): You only need to complete this form if someone other than the proposed personal representative has a greater or equal right to appointment, and that person is willing to waive his or her right to be appointed personal representative.
4. Register's Statement (PC 568): This form must be completed as much as possible in all cases. Please do not write anything for number 6, and do not sign the form.
5. Acceptance of Appointment (PC 571): This form must be completed in all cases. The form should be completed by the proposed personal representative. It indicates that person's willingness to serve in that capacity.

6. Letters of Authority for Personal Representative (PC 572): The top of this form must be completed in all cases. Do not fill in the date of appointment, expiration date, or sign the form. The second page details the duties of the personal representative. The proposed personal representative should read that page very carefully before agreeing to serve.
7. Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF \_\_\_\_\_

APPLICATION FOR  
APPOINTMENT OF SUCCESSOR  
PERSONAL REPRESENTATIVE  
(ESTATE NOT CLOSED)

FILE NO. \_\_\_\_\_

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. (A copy of the certificate of death or letters of conservatorship is 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. Pending the appointment of a successor personal representative, it is necessary that a special personal representative be appointed in place of the personal representative who is deceased or under a conservatorship. A special personal representative should be appointed because \_\_\_\_\_.

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

(SEE SECOND PAGE)

Do not write below this line - For court use only

9. I REQUEST that \_\_\_\_\_, residing at \_\_\_\_\_  
Name Address  
\_\_\_\_\_, or some other suitable person, be appointed  
City State Zip  
special personal representative.

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.

\_\_\_\_\_  
Attorney signature  
\_\_\_\_\_  
Attorney name (type or print) Bar no.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Applicant signature  
\_\_\_\_\_  
Applicant name (type or print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

# FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: \_\_\_\_\_

File No. \_\_\_\_\_

Full Name of Fiduciary \_\_\_\_\_

DOB \_\_\_\_\_

DL# \_\_\_\_\_

Home Address \_\_\_\_\_

Own  
 Rent

Home Phone (including area code) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Work Phone (including area code) \_\_\_\_\_

**YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE**

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Employer Name \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Banking Institution \_\_\_\_\_

Address of Bank Branch \_\_\_\_\_

Banking Institution \_\_\_\_\_

Address of Bank Branch \_\_\_\_\_

Personal Reference:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (including area code) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**This document is for Court use only and will NOT be part of the public record.**

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

RENUNCIATION OF RIGHT TO APPOINTMENT,  
NOMINATION OF PERSONAL  
REPRESENTATIVE AND WAIVER OF NOTICE

FILE NO.

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

1. I, \_\_\_\_\_, have a prior or equal right to appointment as personal representative.  
Name (type or print)

2.  I renounce that right.

3.  I have the right to nominate and I nominate and request the appointment of \_\_\_\_\_  
as personal representative. Name (type or print)

I renounce my right to nominate a qualified person to act as personal representative.

4.  I waive notice of the appointment.

_____	_____	_____	_____
Attorney name (type or print)	Bar no.	Signature	Date
_____	_____	_____	_____
Address	_____	Address	_____
_____	_____	_____	_____
City, state, zip	Telephone no.	City, state, zip	Telephone no.

NOTE: A person with priority as determined by a probated will, including a person nominated by a power conferred in the will, does not through this priority have the power to nominate another to be personal representative.

Do not write below this line - For court use only



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>JACKSON COUNTY</b>	<b>ACCEPTANCE OF</b> <input type="checkbox"/> <b>APPOINTMENT</b> <input type="checkbox"/> <b>DESIGNATION</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 312 S. JACKSON STREET JACKSON, JACKSON MI 49201	<b>Court telephone no.</b> 517 788-4290
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I have been designated standby guardian of the legally incapacitated individual.

3. I accept the  appointment,  designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

4. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my  
not to exceed 91 days

responsibility the following real estate or ownership interest in a business entity:

Describe real property or business interest

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because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

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

\_\_\_\_\_  
 Bar no.

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 Attorney address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, state, zip

\_\_\_\_\_  
 Telephone no.

\_\_\_\_\_  
 City, state, zip

\_\_\_\_\_  
 Telephone no.

\_\_\_\_\_  
 Put DOB in row 10 on MC 97a.  
 Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO 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 _____		

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 NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**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 97a is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.

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

TO:

Name and address

Telephone no.

You have been appointed and qualified as personal representative of the estate on \_\_\_\_\_, You are authorized  
to perform all acts authorized by law unless exceptions are specified below. Date

Your authority is limited in the following way:

- You have no authority over the estate's real estate or ownership interests in a business entity that you identified on your acceptance of appointment.
- Other restrictions or limitations are:

These letters expire: \_\_\_\_\_  
Date

\_\_\_\_\_ Date

\_\_\_\_\_ Judge (formal proceedings)/Register (informal proceedings)

\_\_\_\_\_ Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy register

Do not write below this line - For court use only

The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

**CONTINUED ADMINISTRATION:** If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

**DUTY TO COMPLETE ADMINISTRATION OF ESTATE:** You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

**CHANGE OF ADDRESS:** You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

#### **Additional Duties for Supervised Administration**

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

**INVENTORY:** You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative. [MCL 700.3706, MCR 5.307, MCR 5.310(E)]

**ACCOUNTS:** You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

#### **Additional Duties for Unsupervised Administration**

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

**INVENTORY:** You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

STATE OF MICHIGAN PROBATE COURT COUNTY OF JACKSON	PROOF OF SERVICE	FILE NO.
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name (Type or Print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only