

Court address
1200 North Telegraph Road, Pontiac MI 48341

Court telephone no.
(248) 858-0260

Estate of _____, decedent **XXX-XX-** Put last 4 digits of SSN in box 2 on MC 97.
Last four digits of SSN

PETITION

I, _____, am interested in the estate and make this
Name of applicant
petition as _____.
Relationship to decedent, ie., heir, devisee, child, spouse, creditor, beneficiary, etc.

- 1. Decent died on _____. Attached is a death certificate.
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 name, age, relationship, and address of each heir is as follows:

NAME	AGE	RELATIONSHIP	ADDRESS

4. **I REQUEST** that any financial institution be ordered to reveal to the petitioner whether the decedent had any accounts with them and if so, the account number(s) and the balance(s) in the account(s) both at the time of the decedent's death and at the present.

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 FOR DISCOVERY

5. **IT IS ORDERED that:**

Upon presentation of a certified copy of this order, any financial institution shall reveal to the petitioner whether the decedent had any account(s) with them, and if so, the account number(s) and the balance(s) in the account(s) both at the time the decedent's death and at present.

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

For Court Use Only

FILED _____ 20 _____