



Michigan Supreme Court

State Court Administrative Office

Field Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby
Field Services Director

MEMORANDUM

DATE: April 17, 2024
FROM: SCAO Forms Team
RE: Changes to various probate forms

Below is a list of SCAO-approved court forms that were recently revised. An explanation of the changes, along with instructions on use of previously approved versions and a copy of the form with the changes highlighted, is provided.

If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.

For suggestions about these court forms, please contact CourtFormsInfo@courts.mi.gov.

[PC 598, Affidavit of Decedent's Successor for Delivery of Certain Assets Owned by Decedent](#)

Most recent update: (4/24) version

Use of existing paper stock: (9/11) version may be used through May 17, 2024.

➤ Click here to see the form.

The maximum value of the decedent's estate was updated pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, changes were made to increase readability.

[*NEW FORM* PC 556, Petition and Order for Assignment](#)

Most recent update: (4/24) version

Use of existing paper stock: NEW FORM; (8/21) version of PC 556m and PC 556o may be used through May 17, 2024.

➤ Click here to see the form.

This is a new combined form. It replaces *PC 556m, Petition for Assignment* and *PC 556o, Order for*

April 17, 2024

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Assignment. The combining of these forms was recommended by the 2022 EPIC forms committee. Additionally, the maximum gross value of the decedent's property was updated pursuant to 2024 PA 1 (EPIC Omnibus).

**AFFIDAVIT OF DECEDENT'S SUCCESSOR
FOR DELIVERY OF CERTAIN ASSETS OWNED BY DECEDENT**

Estate of _____
First, middle, and last name of decedent

- 1. I am decedent's successor as surviving spouse adult child other heir _____
Name
- devisee under the will dated _____ .
- fiduciary or representative of _____ who is an heir or devisee and has a legal incapacity.
Name

2. Decedent died a resident of _____ on _____ .
City, township, or village and county and state Date

More than 28 days have passed since decedent's death.

3. No real property is included in the decedent's estate.

4. The value of the decedent's estate, less liens and encumbrances, does not exceed \$50,000, adjusted annually as provided in MCL 700.1210.

5. A personal representative has not been appointed in any jurisdiction and there are no pending applications or petitions for the appointment of a personal representative.

6. A petition for assignment has not been filed with a court.

7. I am entitled to payment or delivery of the following property: _____ .

8. The name and address of each other person entitled to a share of the property and his/her proportion is as follows:

NAME	ADDRESS	RELATIONSHIP	SHARE %
one row removed			

9. A copy of the death certificate is attached.

Signature

Name (type or print)

Address

City, state, zip

Subscribed and sworn to before me on _____ , _____
Date County and state or other jurisdiction where acting

Signature

My commission expires: _____ .
Name (type or print)

Notary public, _____
County and state or other jurisdiction where commissioned

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

NOTICE: A false statement on this affidavit may subject the person swearing to the statement to prosecution for perjury.

Combined PC 556m and PC 556o

JIS Code: PER, OAA

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION AND ORDER FOR ASSIGNMENT	CASE NUMBER and JUDGE
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Court address _____ Court telephone number _____

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 _____

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. *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. For dates of death prior to January 1, 2024, the lien amount may not exceed \$250,000. For dates of death on or after January 1, 2024, the lien amount may not exceed \$250,000 as adjusted annually for the cost of living. For all dates of death on or after March 28, 2013, 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
Removed one row			
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 \$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

6. I REQUEST that the property listed above be 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, _____
 _____ .

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

Combined PC 556m and PC 556o

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 _____ , 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.

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

Removed Part 2 of PC 556o