

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

SAFE-DEPOSIT BOX
CERTIFICATE AND RECEIPT

FILE NO. _____

Estate of _____

CERTIFICATE

1. The undersigned certify that they were present on this date at the opening of the safe-deposit box number _____

located in _____, and
Name of bank, trust or safe-deposit company

a. they did did not find a will of the decedent;

b. they did did not find a deed to a burial plot in which decedent is to be buried;

c. no item or items, other than the deed or will, were removed from the safe-deposit box.

2. No safe-deposit box was located.

Date

Signatures of others present, if any:

Signature of person named in order to examine contents of box

Signature

Signature of bank officer or authorized employee

Signature

REGISTER'S RECEIPT

3. I acknowledge receipt from _____
Name of person given authority by court order to examine contents of box

of the following items:

a. will of the decedent.

b. burial plot deed.

Date

Deputy probate register

Do not write below this line - For court use only