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| STATE OF MICHIGAN PROBATE COURT COUNTY OF | SCHEDULE OF DISTRIBUTIONS AND PAYMENT OF CLAIMS | FILE NO. |
|--|--|-----------------|

Estate of _____

1. I, _____, am the personal representative.
Name

2. The following properly presented claims have not been paid, settled, or disposed of. If approved by the court, these claims will be paid.

| CREDITOR (Name and Address) | AMOUNT OF DEBT | AMOUNT TO BE PAID |
|-----------------------------|----------------|-------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

3. Distributions to the following devisees/heirs have been made:

| ASSET | DOLLAR AMOUNT OR VALUE | DATE OF DISTRIBUTION | NAME OF RECIPIENT |
|-------|------------------------|----------------------|-------------------|
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |

4. The following fees and costs will be paid before final distribution:
 Attorney \$ _____ Personal Representative \$ _____

5. If approved by the court, the remaining estate will be distributed to the following devisees/heirs in the following amounts:

| ASSET | DOLLAR AMOUNT OR VALUE | NAME OF RECIPIENT |
|-------|------------------------|-------------------|
| | \$ | |
| | \$ | |
| | \$ | |

Date

Attorney signature

Petitioner signature

Attorney name (type or print) Bar no.

Petitioner name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.