

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

APPLICATION **PETITION**
TO REOPEN ESTATE

FILE NO.

Estate of _____

1. I am interested in the estate and make this application/petition as _____ .
State your interest/relationship

2. 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.)

3. _____ completed administration of the estate. (If applicable, check a or b.)
Name

a. At the time the estate was closed, the estate was subject to supervised administration. (Check "petition" in the title above.)

- b. The personal representative's authority to act has terminated because
- an order of complete estate settlement was entered following notice to all interested persons and following a hearing, and the personal representative was discharged.
 - the sworn statement was filed more than one year ago.
 - the estate was closed before April 1, 2000.
 - the estate was administratively closed under MCL 700.3951.

4. _____ failed to perform the required duties, administration of the estate was not completed, and the estate was administratively closed by court order on _____ and remains closed. (A petition must be filed.)
Date

a. The required duties

- have not been performed.
- have been performed and the required filings are attached and being filed with this petition.

b. It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.

5. The estate was administratively closed for good cause, after notice and hearing. (Check "petition" in the title above.)

6. It is necessary to reopen the estate because

- estate property valued at \$ _____ has been discovered and requires administration.
- there is other good cause to reopen the estate as follows:

(SEE SECOND PAGE)

Do not write below this line - For court use only

7. **I REQUEST** that the estate be reopened and that administration of the reopened estate be granted to

_____, Name _____, Address _____

_____, City _____ State _____ Zip _____ Telephone no. _____

the former personal representative. a successor personal representative. a special personal representative.

who has priority as _____ . Other persons having prior or equal right are

_____.
Name(s)

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

Date

Attorney signature

Applicant/Petitioner signature

Attorney name (type or print) Bar no.

Applicant/Petitioner name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.