Approved, SCAO

OSM CODE: PRF

STATE OF MICHIGAN PROBATE COURT COUNTY OF	☐ APPLICATION ☐ PETITION FOR REMOVAL/TERMINATION OF PERSONAL REPRESENTATIVE AND APPOINTMENT OF SUCCESSOR	FILE NO.

Estate of _____

1. I am interested in this estate as _____ .

☐ 2. The appointment of _____ (Name) as personal representative of the estate, has been terminated because of ☐ death. ☐ disability. ☐ resignation.

☐ 3. _____ (Name) should be removed as ☐ personal representative ☐ special personal representative of the estate because: _____ (State cause for removal of personal representative)

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows:

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

6. **I REQUEST:**

☐ a. _____ be removed as personal representative of the estate and all property of the estate be delivered to the successor when he or she qualifies.

☐ b. _____ be directed to file a final account with this court.

☐ c. _____

residing at _____ (Address) _____ (City) _____ (State) _____ (Zip),

or some other suitable person, be appointed ☐ special ☐ successor personal representative in place of the removed personal representative.

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

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

Petitioner signature

Name (type or print)

Address

City, state, zip Telephone no.

Do not write below this line - For court use only

MCL 700.3609; MSA 27.13609, MCL 700.3610; MSA 27.13610, MCL 700.3611; MSA 27.13611, MCL 700.3614(a); MSA 27.13614(a), MCR 5.204