Approved, SCAO JIS CODE: PRF

STATE OF MICHIGAN PROBATE COURT COUNTY OF

PETITION FOR REMOVAL OF PERSONAL REPRESENTATIVE AND APPOINTMENT OF SUCCESSOR (ESTATE NOT CLOSED)

FII	F	NO	1
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Estat	e of					
1. I a	m interested in this estate as					
	, appointed personal representative of the estate, , appointed personal representative of the estate, , died on, is now subject to a conservatorship, and his/her appointment is terminated. (evidence of death or conservatorship is attached)					
□ 3.	, personal representative of the estate, has executed a written statement of resignation and it is attached to this petition already on file in this court.					
□ 4.	, should be removed as personal representative special personal representative of the estate because					
 □ a. removal is in the best interests of the estate. □ b. the person who sought appointment of the current personal representative intentionally misrepresented material facts. □ c. the personal representative □ disregarded a court order. □ is incapable of discharging the duties of office. □ mismanaged the estate. □ failed to perform a duty pertaining to office. Supporting facts:						
	ne interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition cept as follows: (for each person whose address changed, list the name and new address - attach a separate sheet if necessary)					
6. It is	s necessary that a successor personal representative be appointed to continue and complete administration of the estate. (PLEASE SEE OTHER SIDE)					
	Do not write below this line - For court use only					

7. IREQUEST:			
and all property of the estate be delivered to the succe			
☐ b	be directed to file a final account with this court.		
□c			
residing atAddress	City	State	,
or some other suitable person, be appointed $\ \square$ spepersonal representative whose appointment has been		personal representative in	place of the
I declare under the penalties of perjury that this petition has be information, knowledge, and belief.	een examined by me a	nd that its contents are true	to the best of my
	Date		
Attorney signature	Petitioner signature		
Name (type or print) Bar no.	Name (type or print)		
Address	Address		
City, state, zip Telephone no.	City, state, zip		Telephone no.