

STATE OF MICHIGAN PROBATE COURT COUNTY	SWORN STATEMENT TO CLOSE UNSUPERVISED ADMINISTRATION <input type="checkbox"/> SUPPLEMENTAL	CASE NO. and JUDGE
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Court address

Court telephone no.

In the matter of _____

First, middle, and last name

1. I am the personal representative of this estate. Upon filing this sworn statement with the court, this estate will be closed without a hearing. More than five months have passed since the date of the appointment of the original personal representative.
2. If required by law or court rule, I have published notice to creditors, and the time for presentment of claims has expired.
3. I have fully administered this estate by paying, settling, or disposing of the claims that were presented, the estate and administration expenses, and all other taxes. I have distributed the assets of the estate to the persons entitled to the assets.*
4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:

(Check only one box, as appropriate.)

5. a. The decedent died before October 1, 1993, and no Michigan inheritance tax is due. A certificate of no inheritance tax liability from the Michigan Department of Treasury is attached or has been filed.
- b. The decedent died on October 1, 1993, or later and no Michigan estate tax is due.
- c. Michigan estate or inheritance tax has been paid in full. (Evidence of full payment from Michigan Department of Treasury is attached or has been filed.)
6. I sent a copy of this sworn statement to all distributees and to all claimants whose claims are neither paid nor barred and to all demandants. I furnished a full account in writing to the distributees whose interests are affected by the administration.
7. I reopened the estate and have completed the administration.

I declare under the penalties of perjury that this Sworn Statement to Close Unsupervised Administration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Personal representative signature _____

Address _____

Personal representative name (type or print) _____

City, state, zip _____

Telephone no. _____

Attorney signature _____

Address _____

Attorney name (type or print) _____

Bar no. _____

City, state, zip _____

Telephone no. _____

***Note:** Specify any exceptions. If any claims remain undischarged, state whether the estate was distributed subject to possible liability with the agreement of the distributees, or state in detail other arrangements that were made to accommodate outstanding liabilities.

Approved, SCAO

Form PC 591, Rev. 6/23

MCL 700.3954, MCL 700.3958, MCR 5.311(A), (C)

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NOTICE TO INTERESTED PERSON(S): You may object to this sworn statement by filing written objections with the probate court mentioned above along with a \$20 filing fee. If an objection is not filed within 28 days after this sworn statement is filed with the court, the probate register will issue a certificate stating that it appears that I have fully administered this estate. The certificate does not preclude any action against me or the surety on a bond I may have obtained. If an action or proceeding involving me is not pending in this court one year after this sworn statement is filed, my appointment ends.