PCS Code: OAA TCS Code: OFA

## STATE OF MICHIGAN

CASE NO. and JUDGE

PROBATE COURT COUNTY	ORDER FOR ASSIGNMENT (Part 1)	
Court address		Court telephone no.
In the matter of First, middle, and last name of do	ecedent	XXX-XX- Last four digits of SSN
Petitioner's name, address, and telephone no.	Petitioner's attorney, bar	no., address, and telephone no.
A petition for assignment was filed on $$\overline{\rm Date}$$ IT IS ORDERED:	e ·	
$\square$ 1. The property described in the above	e-referenced petition for assignment is ass	igned as follows:
	s, \$ to <sub>Name</sub>	
		, and \$
to		
$\Box$ c. to the following heirs in the sta	ated proportions,	
	is order, the share of each heir other tha fied debt of the decedent up to the valu	
$\square$ 2. The petition is $\square$ denied. $\square$	dismissed/withdrawn.	
	Judge signature and date	
I certify that I have compared this copy wi	th the original on file and that it is a correct	t copy of the original.
Date	Deputy register	
Approved, SCAO Form PC 556o, Rev. 8/21	Distribute form to: Court, Part 2	

MCL 700.1210, MCL 700.1302, MCL 700.3982 Page 1 of 1

Petitioner, Part 1

PCS Code: OAA TCS Code: OFA

## STATE OF MICHIGAN

CASE NO. and JUDGE

PROBATE COURT COUNTY	ORDER FOR ASSIGNMENT (Part 2)	
Court address		Court telephone no.
In the matter ofFirst, middle, and last name of d	ecedent	XXX-XX- Last four digits of SSN
Petitioner's name, address, and telephone no.	Petitioner's attorney, ba	r no., address, and telephone no.
A petition for assignment was filed on $$\overline{_{\rm Dat}}$$	re .	
IT IS ORDERED:		
$\square$ 1. The property described in the above	e-referenced petition for assignment is ass	signed as follows:
$\square$ a. for funeral and burial expense	s, \$ to	,
	·	
	ated proportions,	
	is order, the share of each heir other the field debt of the decedent up to the valu	
☐ 2. The petition is ☐ denied. ☐	dismissed/withdrawn.	
	Judge signature and date	
I certify that I have compared this copy wi	th the original on file and that it is a correc	t copy of the original.
Date	Deputy register	
Approved. SCAO	Distribute form to:	