

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>TESTIMONY TO IDENTIFY HEIRS</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_

Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

1. My name is \_\_\_\_\_ . My address is \_\_\_\_\_  
\_\_\_\_\_

2. I am related to the decedent (or know his/her family) as follows: \_\_\_\_\_

3. The date and time of the death of the decedent is \_\_\_\_\_ and at that time the  
decedent's domicile (residence) was \_\_\_\_\_  
Date Time Address

**NOTE: IN THE FOLLOWING QUESTIONS, TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 14 below.**

4. The decedent  did not leave a surviving spouse.  
 left a surviving spouse named \_\_\_\_\_

5.  a. The decedent had the following children, both natural (born in or out of wedlock) and adopted:  
\_\_\_\_\_  
\_\_\_\_\_

b. Of the children listed in 5a, the following are no longer heirs due to their adoption by someone other than a stepparent: \_\_\_\_\_

c. Of the children listed in 5a, the following were not children of the surviving spouse: \_\_\_\_\_  
\_\_\_\_\_

**Answer question 6 only if question 5a was checked.**

6.  a. The following children listed in 5a died before the decedent: \_\_\_\_\_  
\_\_\_\_\_

b. Children listed in 6a left their own children (either natural or adopted) or left grandchildren from one or more of their own predeceased children who survived the decedent. The names of these descendants and the name of the child in 6a to whom they are related are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

c. Of the persons listed in 6b, the following are no longer heirs due to their adoption by someone other than a stepparent: \_\_\_\_\_

**If decedent left no surviving descendant, complete 7.**

7. The decedent  did not leave a surviving parent.  left a surviving parent named \_\_\_\_\_

**If decedent is not survived by spouse, descendants, or parents, complete 8 (and 9, if applicable).**

8. The decedent  did not leave surviving brothers or sisters.  left the following brothers or sisters, either natural or adopted, whole blood or half blood, who were not adopted by others and who survived the decedent:

9. One or more of the brothers and sisters of the decedent died before him/her leaving descendants, either natural or adopted, who were not adopted by others and who survived the decedent. The names of these descendants, and the name(s) of their deceased ancestor are \_\_\_\_\_

**If decedent was not survived by spouse, descendants, parent, brother, or sister or children of deceased brother or sister, complete 10 (and 11, if applicable).**

10. The decedent  did not leave surviving grandparents.  left surviving grandparents (both maternal and paternal) named \_\_\_\_\_

11. Both maternal grandparents and/or both paternal grandparents died before decedent. Their surviving descendants and their relationships to the grandparents are

Maternal grandparents: \_\_\_\_\_

Paternal grandparents: \_\_\_\_\_

12. The following heirs listed above are under legal disability and are currently living. Their name(s), legal disability, and name(s) of their representative(s) are \_\_\_\_\_

13. The following deceased heirs survived the decedent by more than 120 hours. Their name(s) and the name(s) of those who represent decedent's interests are \_\_\_\_\_

14. The following persons identified above did not survive the decedent by 120 hours. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATION	DATE OF DEATH	TIME OF DEATH

15. The decedent left a will.
- All devisees are heirs.
- Some of the devisees named in the will or codicil are not heirs of the testator.  
(A supplemental testimony form is completed and attached.)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.