

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>SAFE-DEPOSIT BOX CERTIFICATE AND RECEIPT</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

**CERTIFICATE**

1. The undersigned certify that they were present on this date at the opening of the safe-deposit box number \_\_\_\_\_ located in \_\_\_\_\_, and  
Name of institution
- a. they  did  did not find a will of the decedent;
- b. they  did  did not find a deed to a burial plot in which decedent is to be buried;
- c. no item or items, other than the deed or will, were removed from the safe-deposit box.
2. No safe-deposit box was located.

\_\_\_\_\_  
Date

Signature of others present, if any:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of person named in order to examine contents of box

\_\_\_\_\_  
Signature of officer or authorized employee of institution

\_\_\_\_\_  
Signature

**REGISTER'S RECEIPT**

3. I acknowledge receipt from \_\_\_\_\_  
Person named in order to examine contents of box
- of the following items:
- a. will of the decedent.
- b. burial plot deed.

\_\_\_\_\_  
Deputy probate register signature and date