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In order for an exemption to be granted, you must provide all requested documentation. If you have any questions about how to complete this form, please call toll-free (877) 791-0435.

Person completing this form:

(Check one)

- ☐ Personal Representative
☐ Attorney for Estate
☐ Other *Daughter*

Name: [REDACTED]

Address: [REDACTED]

Telephone: [REDACTED]

Has there been (or do you anticipate) any third party lawsuits filed on behalf of the estate? ☐ Yes ☒ No

If YES, provide:

Case or File Number: _____

Date Filed: _____

County Court: _____

Has a petition for probate of the estate been filed? ☐ Yes ☒ No

If YES, provide:

Probate Case Number: _____

Date Filed: _____

County Probate Court: _____

If No, do you anticipate a petition for probate being filed? ☐ Yes ☒ No

Decedent's Information:

Last Name: [REDACTED]

First Name: [REDACTED]

Middle Name: [REDACTED]

Maiden Name: [REDACTED]

Date of Birth: [REDACTED]

Date of Death: *01/20/13*

Social Security Number: [REDACTED]

Marital Status:
Check appropriate status

☐ Married

☒ Divorced

☐ Single

☐ Never Married

If checked married, provide a copy of the marriage license.

Is the Decedent's Spouse pre-deceased? ☐ Yes ☐ No

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Date of Birth: _____

Date of Death: _____

Social Security Number: _____

Date of Marriage: _____

AUTHORITY: MCL 400.112g
COMPLETION: Completion is voluntary, but is required for an Estate Recovery exemption.

The Department of Community Health is an equal opportunity employer, services and programs provider.