

STATE OF MICHIGAN PROBATE COURT COUNTY OF MACOMB	PETITION AND ORDER FOR DISCOVERY	FILE NO.
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40 N. Main St. Mt. Clemens, MI 48043

586-469-5290

Estate of: _____, decedent XXX-XX-
Last four digits of SSN

PETITION

I, _____, represent that:
Name and relationship

- Decedent died on _____ . A copy of the death certificate is attached.
Date
- Decedent was a resident of _____ in the county.
City/Township

3. **DESCRIPTION OF PROPERTY: Funds/stocks/titled vehicles**

NAME OF FINANCIAL INSTITUTION INVESTMENT/BROKERAGE FIRM/AGENCY	ACCOUNT NUMBER	NAME OR NAMES ON ACCT OR TITLE	BALANCE OR VALUE

- I REQUEST** that the financial institution(s), investment/brokerage firm(s) or agency listed above be ordered to reveal to the petitioner the account number(s), if unknown, as well as the balance(s) in the account(s) and/or name(s) on an account or title(s), both at the time of the decedent's death and at the present time.

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

Dated

Petitioner Name (printed)

Address

Petitioner Signature

City, State, Zip Code

Telephone no.

ORDER FOR DISCOVERY

IT IS ORDERED THAT:

Upon presentation of a certified copy of this order, the named financial institution(s), investment brokerage firm(s) or agency shall reveal to the petitioner the account number(s), if unknown, the balance(s) of the account(s), and/or the name(s) on the account or title(s), both at the time of the decedent's death and at the present time, for the purpose of causing an assignment of decedent's assets.

Date

Judge Probate Court

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