

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

NOTICE OF DISALLOWANCE OF CLAIM

FILE NO.

Estate of _____

TO: _____
Claimant name and address

Your written statement of claim dated _____ for \$ _____ is disallowed

☐ in whole. ☐ in part as to _____

The ☐ entire claim ☐ portion of the claim that has been disallowed _____ will be forever barred unless you start a civil action by filing a complaint against the fiduciary. Your complaint must be filed with the appropriate district, circuit, or probate court not later than **63** days after the mailing or delivery of this notice.

Date

Signature of attorney

Signature of fiduciary

Name of attorney (type or print) Bar no.

Name of fiduciary (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

PROOF OF SERVICE

I certify that on _____ I served a copy of this notice on the claimant by
Date

☐ first-class mail at the address stated above. ☐ delivering it personally to the claimant.

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

Date

Signature of fiduciary/attorney

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only