Approved, SCAO

JIS CODE: SDP

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SCHEDULE OF DISTRIBUTIONS AND PAYMENT OF CLAIMS	FILE NO.

Estate of _____

1. I, _____ , am the personal representative.
Name

☐ 2. The following properly presented claims have not been paid, settled, or disposed of. If approved by the court, these claims will be paid.

CREDITOR (Name and Address)	AMOUNT OF DEBT	AMOUNT TO BE PAID
	$	$
	$	$
	$	$
	$	$

☐ 3. Distributions to the following devisees/heirs have been made:

ASSET	DOLLAR AMOUNT OR VALUE	DATE OF DISTRIBUTION	NAME OF RECIPIENT
	$		
	$		
	$		
	$		

☐ 4. The following fees and costs will be paid before final distribution:
Attorney $_____ Personal Representative $_____

☐ 5. If approved by the court, the remaining estate will be distributed to the following devisees/heirs in the following amounts:

ASSET	DOLLAR AMOUNT OR VALUE	NAME OF RECIPIENT
	$	
	$	
	$	

_____
Date

_____
Attorney signature

_____
Attorney name (type or print) Bar no.

_____
Address

_____
City, state, zip Telephone no.

_____
Petitioner signature

_____
Petitioner name (type or print)

_____
Address

_____
City, state, zip Telephone no.