PCS Code: AOT
TCS Code: AOA

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF ☐ APPOINTMENT ☐ DESIGNATION	CASE NO. and JUDGE
Court address		**Court telephone no.**

In the matter of _____
First, middle, and last name

☐ 1. I have been appointed _____ of the person/estate.
Type of fiduciary

☐ 2. I have been designated standby guardian of the legally incapacitated individual.

3. I accept the ☐ appointment, ☐ designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

☐ 4. For a period of _____ days from the date of my appointment, I exclude from the scope of my
not to exceed 91 days
responsibility the following real estate or ownership interest in a business entity:

_____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

_____
Date

_____
Signature

_____ _____
Attorney name (type or print) Bar no. Name (type or print)

_____ _____
Attorney address Address

_____ _____
City, state, zip Telephone no. City, state, zip Telephone no.

Put DOB in row 10 on MC 97a.
Date of birth