

**STATE OF MICHIGAN  
PROBATE COURT  
WAYNE COUNTY**  
**www.wcpc.us**

**ACCEPTANCE OF APPOINTMENT**

**CASE NO. and JUDGE**

Court address  
1305 Coleman A. Young Municipal Center, 2 Woodward Ave. Detroit, MI 48226-3447

Court telephone no.  
(313) 224-5706

In the matter of \_\_\_\_\_  
First, middle, and last name

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

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

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility the  
not to exceed 91 days  
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.

4.  If possible, I prefer to receive notices from the Court by email: \_\_\_\_\_  
(for quicker processing, otherwise, documents will be mailed) (type or print email address)

\_\_\_\_\_  
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 MC97a.

\_\_\_\_\_  
Date of birth