

STATE OF MICHIGAN PROBATE COURT COUNTY OF CASS	TESTIMONY OF INTERESTED PERSONS	FILE NO:
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IN THE MATTER OF: _____

My name is: _____ and am interested in the welfare of the ward and make this petition as _____.

2. The ward did did not leave a spouse surviving? If yes, name and address:
_____.

3. Does the ward have any natural children (born in or out of wedlock) or any adopted children?
 Yes No. If yes, name(s) and addresses:

Name	Relationship/Age	Address

4. Did any of these children die leaving children? Yes No. If yes, list the names and addresses of the grandchildren and the name(s) of their deceased parent.

Name	Relationship/Age	Name of Parent	Address

5. Were any of these children adopted by others? Yes No. If yes, list names:

6. Does the ward have a father and/or mother surviving? Yes No. Name & Address:
Mother: _____
Father: _____

ANSWER QUESTIONS 7 AND 8 ONLY IF THE SUBJECT HAS NO SPOUSE, CHILDREN, GRANDCHILDREN OR PARENTS.

7. Does the ward have brothers and/or sisters, either natural or adopted, and either of the whole or half blood? Yes No. If yes, list names and address of those who survive:

Name	Relationship/age	Address

8. Did any of the brothers and/or sisters die before the person leaving children, either natural or adopted, who survive? Yes No. If yes, give the names and address of these nephews and nieces, and the name(s) of their deceased parent:

Name	Relationship/age	Name of Parent	Address

9. Of the above interested persons, the following are under legal disability or otherwise represented and presently have or will require representation:

Name	Legal Disability	Represented by: Name, Address, Capacity

NOTE: ALL NAMES LISTED ON THIS TESTIMONY SHEET MUST BE LISTED ON THE PETITION AS INTERESTED PARTIES, WITH THEIR ADDRESSES.

Date: _____

SIGNATURE OF PETITIONER

NAME

ADDRESS

PHONE NO.