

STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY	PETITION FOR LEAVE TO SETTLE CLAIM AND DISTRIBUTE PROCEEDS	FILE NO: <i>PAGE ONE</i>
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In the matter of the Estate of: _____, Deceased

1. I, _____, am the Personal Representative of the above estate
(name)
and represent to the court as follows in support of my petition for leave to settle wrongful death claim and distribute proceeds:
- a. Decedent died _____, _____, as a result of the following wrongful death act, neglect, or fault of another:
- b. The wrongful act, neglect, or fault occurred on or about _____.
- c. Decedent endured pain and suffering, while conscious, as described herein: (If decedent endured no conscious pain and suffering insert N/A. If otherwise, indicate nature and duration of pain and suffering.)
- d. I have received an offer to settle any and all claims against: _____
- arising out of decedents wrongful death on the following terms: _____

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1. Continued

e. _____, counsel for petitioner, has made a thorough
(name of attorney)
 investigation of the facts and circumstances relating to the claim and has advised me, which advice I accept, that it is in the best interest of the estate, and those entitled to claim damages through the estate, to accept the offer of settlement.

f. The persons who may be entitled to claim damages under Michigan Wrongful Death Act (MCL 600.2922; MSA 27A.2922) are as follows:

<u>Name:</u>	<u>Address:</u>	<u>Relationship:</u>

Attached is a proposed schedule of distribution of the proceeds after payment of medical, hospital, funeral and burial expenses, and attorney fees and costs as set forth below.

g. None of the above-named persons are minors, disappeared persons, or legally incapacitated individuals, except the following for whom we have suggested a name of a person to be appointed guardian ad litem for him/her/them:

<u>Name:</u>	<u>Nature of Disability:</u>	<u>Guardian Ad Litem:</u>

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1. Continued

- h. An action on the claim is not pending in another court.
- i. A copy of this Petition and Notice of Hearing required by MCL 700.3924(b) have been or will be served on all persons who may be entitled to claim damages as described in paragraph 1.f. above.
- j. The estate is liable for reasonable expenses as follows:
 - medical \$ _____; hospital \$ _____;
 - funeral \$ _____; and burial \$ _____.

[] These expenses have already been paid.
- k. My attorneys, _____
 entitled to an attorney fee of \$ _____ as compensation for services and
 \$ _____ as reimbursement of costs pursuant to the billing and fee agreement
 attached hereto.

2. I request that an order be entered as follows:

- a. Authorizing the Personal Representative of the estate to settle claims against the persons named in paragraph 1.d. above, and to execute and deliver a release or releases of the claims arising out of the wrongful death of the decedent.
- b. Authorizing Personal Representative to pay from the proceeds of the settlement the medical, hospital, funeral, and burial expenses as stated in paragraph 1.j. above.
- c. Authorizing Personal Representative to pay from the proceeds of the settlement the attorney fees and costs as stated above.

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2. Continued

- d. Determining the persons who suffered a loss of financial support and a loss of society and companionship as a result of the death of the deceased, and determining the damages to which each of those persons are entitled.
- e. Determining if the deceased suffered any conscious pain and suffering, and determining as compensation for and behalf of the estate, an amount the court considers fair and equitable.
- f. Ordering payment and distribution in accordance with the determinations of the court.

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS PETITION HAS BEEN EXAMINED BY ME AND THAT THE CONTENTS THEREOF ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

Date

Signature

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state zip

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