

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	STATEMENT OF NOMINATED GUARDIAN REGARDING PARENTAL APPOINTMENT	FILE NO.
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In the matter of _____ Date of birth: _____ Put DOB in ref. No. row 1 on MC97
 (Minor)

Mother's name: _____ <small>(First) (Middle) (Last)</small>		
<input type="checkbox"/> Deceased	or	<input type="checkbox"/> Legally Incapacitated Individual
		or
		<input type="checkbox"/> Parental Rights Terminated
DOD _____	File no. _____	Date of order _____
Father's name: _____ <small>(First) (Middle) (Last)</small>		
<input type="checkbox"/> Deceased	Or	<input type="checkbox"/> Legally Incapacitated Individual
		or
		<input type="checkbox"/> Parental Rights Terminated
DOD _____	File no. _____	Date of order _____

INTERESTED PERSON'S NAMES	RELATIONSHIP	ADDRESS
	Minor	
	Person Currently with Care & Custody	
	Grandparents	
	Adult Presumptive Heirs	

Reason for Parental Appointment: _____

Attachment: Will or "Another Writing" by Parent

Dated: _____

Nominated Guardian Signature

Nominated Guardian Name (please print)

Address

City State Zip Code Telephone no.