JISCODE: PDG Approved, SCAO **PETITION TO** FILE NO. **STATE OF MICHIGAN** TERMINATE MODIFY **PROBATE COURT CONSERVATORSHIP COUNTY OF** ADULT MINOR In the estate of _ 1. I am interested in this estate as State relationship/interest 2. The protected individual's address is _ 3. The protected individual has a conservator whose address is ______ __ and has a spouse whose name and address are listed below. child(ren) whose name(s) and address(es) are listed below. descendants of deceased children whose name(s) and address(es) are listed below. if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below. if none of the above, presumptive heirs whose name(s) and address(es) are listed below. none of the above (must notify the Attorney General*). AGE/DOB NAME **ADDRESS AND TELEPHONE NUMBER** RELATIONSHIP (if minor) *Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909. 4. The reasons why the court should take action are I REQUEST that the court: ☐ 5. Terminate the conservatorship. 6. Accept the conservator's resignation. \square 7. Remove the conservator who \square has \square has not been suspended. 8. Appoint Name (type or print) Address City State Zip Telephone no. as successor conservator. (SEE SECOND PAGE) USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

9. AppointName (type or print)	Address		
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as temporary conservator pending appointment of a su	ccessor.		
10. Modify the powers of the conservator as follows:			
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