

ESTATE TRUE COPY CERTIFICATION

Attached is a true copy of the deceased's,

(Name of the deceased)

(Name of the document(s))

(Name of the document(s))

My relationship to the deceased is:

- Family Member
- Attorney for the Estate
- Funeral Home

Signer

Date

Title of signer or relationship to the deceased

STATE OF MICHIGAN

County of: _____

Date: _____

Notary Printed Name

Notary Signature

County Commissioned In

Commission Expiration Date