

# 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

Acting in the county of \_\_\_\_\_

(if different than county of commission)