

STATE OF MICHIGAN PROBATE COURT WAYNE COUNTY	TERMINATION OF APPEARANCE ON BEHALF OF PERSONAL REPRESENTATIVE AND ORDER	FILE NO.
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In the matter of _____

Effective immediately, I no longer have an attorney representing me. I wish to terminate and release the appearance of my attorney,

Attorney Name

Date

Personal Representative Name

Personal Representative Signature

ORDER

It is ordered that the appearance of the attorney on behalf of the Personal Representative is terminated.

Date

Deputy Probate Register Name

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Do not write below this line - For court use only
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