

STATE OF MINNESOTA

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

COUNTY OF _____

Court File No. _____

Estate of

_____,
Decedent

ACCEPTANCE OF APPOINTMENT
AS PERSONAL REPRESENTATIVE
AND OATH BY INDIVIDUAL

STATE OF MINNESOTA

COUNTY OF _____

} ss.

I, _____,
residing at: _____,

as a condition to receiving letters as Personal Representative in this Estate, (1) accept the duties of the office, (2) agree to be bound by the provisions of the statutes relating to the office, (3) submit to the jurisdiction of the Court in any proceeding relating to this Estate, and (4) swear that I will faithfully perform all duties of the office that I now assume to the best of my ability.

Dated: _____

Signature

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK):

Signed and sworn to (or affirmed) before me on _____ by _____.

Signature of Notary Public or Other Official

Attorney for _____
Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____