

STATE OF MINNESOTA

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

COUNTY OF \_\_\_\_\_

Court File No. \_\_\_\_\_

Estate of \_\_\_\_\_,  
Decedent

APPLICATION FOR INFORMAL  
APPOINTMENT OF PERSONAL  
REPRESENTATIVE (INTESTATE)

I, \_\_\_\_\_, state:

1. My address is: \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I am: \_\_\_\_\_.
3. Decedent was born on \_\_\_\_\_, at (city, state) \_\_\_\_\_.
4. Decedent died on \_\_\_\_\_, at (city, state) \_\_\_\_\_ and at least 120 hours, but not more than 3 years (except as permitted by Minn. Stat. 524.3-108), have elapsed since Decedent's death.
5. Decedent's domicile at the time of death was in \_\_\_\_\_ County, State of \_\_\_\_\_ at (address): \_\_\_\_\_.
6. The names and addresses of Decedent's spouse, children, heirs, devisees and other persons interested in this proceeding so far as known or ascertainable with reasonable diligence by the Applicant are:

Name and Mailing Address	Familial Relationship AND Legal Interest (List all)	Birthdate of Minors
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(Attach separate schedule, if necessary)

7. Negative Allegation Statement (see Minn. Gen. R. Prac. 408(a)):
8. All persons identified as heirs have survived the Decedent by at least 120 hours, except for: \_\_\_\_\_.
9. (Check appropriate boxes):
  - Decedent left no surviving spouse.
  - Decedent left no surviving issue.
  - All issue of Decedent are issue of Decedent's surviving spouse.
  - There are issue of the Decedent that are not issue of the surviving spouse.
  - There are issue of the surviving spouse who are not issue of the Decedent.

10. Venue for this proceeding is in this County of the State of Minnesota because:

- The Decedent was domiciled in this County at the time of death and was the owner of property located in the State of Minnesota.  
or  
 Though not domiciled in the State of Minnesota, the Decedent was the owner of property located in this County at the time of death.

11. I estimate the Decedent's assets and indebtedness are as follows:

**Probate Assets**

Homestead \$ \_\_\_\_\_  
Other Real Estate \$ \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Securities \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Non-Probate Assets**

Joint Tenancy \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**Approximate Indebtedness** \$ \_\_\_\_\_

12. There is no personal representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated.

13.  I have not received a demand for notice and am not aware of any demand for notice of any probate or appointment proceeding concerning the Decedent that may have been filed in Minnesota or elsewhere.  
or  
 Proper notice has been given to those persons who have filed demand for notice.

14. The time limit for informal appointment proceeding as provided by Minnesota law has not expired because three years or less have passed since the Decedent's death.

15. Having conducted a reasonably diligent search, I am unaware of any testamentary instrument under Minnesota law and believe that the Decedent died leaving no will.

16. \_\_\_\_\_ is entitled to priority and appointment as personal representative under Minn. Stat. 524.3-203 because \_\_\_\_\_  
\_\_\_\_\_  
There are no persons having a prior or equal right to the appointment under Minnesota law except \_\_\_\_\_  
\_\_\_\_\_  
who have either renounced their right for appointment or have joined in nominating \_\_\_\_\_  
\_\_\_\_\_.

**WHEREFORE**, I request the Registrar informally:

1. Enter an order appointing \_\_\_\_\_ as the Personal Representative of the Estate, with no or \$\_\_\_\_\_ bond, in an unsupervised administration;
2. Issue Letters of General Administration to \_\_\_\_\_; and
3. Grant such other relief as may be proper.

Under penalties for perjury, I declare or affirm that I have read this document and I know or believe its representations are true and complete.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

**Attorney for Applicant**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Attorney License No: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_