

STATE OF MINNESOTA

COUNTY OF _____

_____ **JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION**

Court File No. _____

Estate of
_____,
Decedent

**ACCEPTANCE OF APPOINTMENT AS SPECIAL
ADMINISTRATOR AND OATH BY INDIVIDUAL**

STATE OF MINNESOTA

COUNTY OF _____

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ss.

I, _____, whose address is

_____ as a condition to receiving letters as Special Administrator 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 the matter that may be instituted by any person interested in 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 _____, Affiant.

Signature of Notary Public or Other Official