|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Probate |

|  |  |  |  |
| --- | --- | --- | --- |
| In Re the Estate of |  | **Unsupervised Personal Representative’s Statement to Close Estate**Minn. Stat. §§ 524.3-1003, 524.3-1204 |  |
|  |  |  |
|  |  |  |
| Decedent (Deceased Person) |  |  |

My name is , and I am the Personal Representative of the Estate.

1. I *(or a prior Personal Representative that I have replaced)* have done the following:
	1. Published notice to creditors. The date of the notice was more than 4 months before the date of this *Statement*.
	2. Inventoried the assets of the Estate.
	3. Fully administered this Estate by making payment, settlement, or other disposition of all claims which were presented, expenses of administration, estate and other taxes, except as described in paragraph 2.
	4. Given a full account in writing of this administration to the distributees whose interests are affected by the administration of this Estate.
	5. Distributed the assets of the estate to the persons entitled to them.
2. Outstanding Debts.

[ ]  The Estate has no outstanding debts (all debts have been paid).

OR

[ ]  The following is a detailed description of all unpaid claims, expenses, or taxes that have not been discharged, along with the arrangements I have made to address all outstanding liabilities:

| **Debt Owed To:** | **Amount:** | **Arrangements:** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Before filing this *Statement*, I will send a copy to all distributees of this Estate and to all creditors or other claimants whose claims are neither paid nor barred.**
2. I am filing this *Statement* for the purpose of closing this Estate. One year after filing this *Statement*, my appointment will terminate. *Letters of Appointment* remain in full force until termination.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

|  |  |  |
| --- | --- | --- |
| Dated |  | Personal Representative |
|  |  |  |
| ⬜ Attorney for Personal Representative:**OR**⬜ Self-Represented:Name: Firm: Address:  Attorney License No.: Email: Telephone:  |  |  |