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

|  |  |  |
| --- | --- | --- |
| In Re the Estate of:  | **PETITION FOR FORMAL PROBATE OF WILL AND FOR FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE**  |  |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Decedent (Deceased person) |  |
|  |  |
|  |  |
|  |  |

**Information about the Petitioner:**

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My legal interest to the Decedent is: (Check all that apply)

[ ]  Nominated Personal Representative

[ ]  Spouse

[ ]  Child

[ ]  Other family member:

[ ]  Devisee (beneficiary of the Will)

[ ]  Heir

[ ]  Creditor

[ ]  Other:

**Information about the Decedent:**

1. Decedent was born on in the city of ,

and state of .

1. Decedent died on in the city of , and state

of .

1. At least 120 hours, but not more than 3 years (except as allowed by Minn. Stat. § 524.3-108) have passed, since Decedent’s death.
2. Domicile (address of legal residence) of Decedent at the time of death:

Street Address:

City, State, and Zip Code:

County:

1. Did Decedent live in MN at the time of death? [ ]  Yes [ ]  No

If No, did Decedent own property in MN at the time of death? [ ]  Yes [ ]  No

 If yes, what county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Decedent’s assets and indebtedness, to the best of my knowledge, at the time of death are as follows:

**Probate Assets**

Homestead $\_\_\_\_\_\_\_\_

Other Real Estate $\_\_\_\_\_\_\_\_

Cash $\_\_\_\_\_\_\_\_

Securities $ \_\_\_\_\_\_\_\_

Other $ \_\_\_\_\_\_\_\_

**Non-Probate Assets** (for example: joint accounts, beneficiaries, trusts, etc.)

 Joint Tenancy $ \_\_\_\_\_\_\_\_

 Insurance $ \_\_\_\_\_\_\_\_

 Other $ \_\_\_\_\_\_\_\_

**Approximate Indebtedness** (see Instructions)$ \_\_\_\_\_\_\_\_\_\_\_\_

**Information about the Will and Personal Representative:**

1. The Decedent left:
(*check all that apply; identify where each checked document can be found)*

|  | **Document:** | **Located:** |
| --- | --- | --- |
|[ ]  A Will dated \_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Filed with this Application[ ]  In possession of the Court[ ]  Probated elsewhere\* |
|[ ]  Codicil(s) (amendments) dated \_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Filed with this Application[ ]  In possession of the Court[ ]  Probated elsewhere\* |
|[ ]  Separate writing(s) gifting personal property under Minn. Stat. § 524.2 -513 dated \_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Filed with this Application[ ]  In possession of the Court[ ]  Probated elsewhere\* |
|[ ]  A separate writing referred to in the Will, but not found or attached to the Will |  |
|  | *\*If probated somewhere else, then I have included an authenticated copy of the Will and statement or order probating the Will with this Application.* |

1. To the best of my knowledge and belief, these documents have been validly executed.
2. After a reasonable diligent search, I am unaware of any document revoking the Will, and I believe this is the last Will of Decedent.
3. The Will nominates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Personal Representative.

[ ]  The nominated Personal Representative is willing to serve and is not disqualified.

OR

[ ]  The nominated Personal Representative is unable or has declined to serve.
 has priority to serve as Personal Representative because (interest to Decedent) and is willing to serve and is not disqualified.

1. There is no Personal Representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated.
2. The Will states: [ ]  No Bond [ ]  Minimum Bond
 [ ]  $ bond [ ]  Unspecified
3. The Will states:
 [ ]  informal/unsupervised administration

[ ]  supervised administration

[ ]  administration not specified.

1. Check one:

[ ]  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 or entities who have filed a demand for notice.

**Information about Decedent’s family and/or interested persons:**

**Carefully read through the Instructions for definitions and examples of who needs to be included as an interested party below. Not including all interested persons may delay the probate.**

1. Check all that apply:

[ ]  Decedent left no surviving spouse.

[ ]  Decedent left no surviving issue (generally, children by blood or adoption; for other examples, see Instructions or get legal advice).

[ ]  All issue of Decedent are issue of Decedent’s surviving spouse.

[ ]  There are issue of Decedent that are not issue of the surviving spouse.

[ ]  There are issue of the surviving spouse who are not issue of the Decedent.

1. The names and addresses of Decedent’s spouse, children, heirs, devisees, and other persons interested in this proceeding so far as known or found with reasonable diligence by the Applicant are:

| **Name and Mailing Address** (one name per box) | **Familial Relationship** | **Legal Interest** (check all that apply) | **Birth Date of Minor / Date of Death of deceased Heir or Devisee** |
| --- | --- | --- | --- |
|  | [ ]  Spouse[ ]  Child (minor or adult)[ ]  Other family member: (relation) | [ ]  Devisee (beneficiary of the Will)[ ]  Heir (next of kin who would inherit without a Will)[ ]  Nominated Personal Representative[ ]  Creditor[ ]  Other:  |  |
|  | [ ]  Child (minor or adult)[ ]  Other family member: (relation) | [ ]  Devisee (beneficiary of the Will)[ ]  Heir (next of kin who would inherit without a Will)[ ]  Nominated Personal Representative[ ]  Creditor[ ]  Other: |  |
|  | [ ]  Child (minor or adult)[ ]  Other family member: (relation) | [ ]  Devisee (beneficiary of the Will)[ ]  Heir (next of kin who would inherit without a Will)[ ]  Nominated Personal Representative[ ]  Creditor[ ]  Other: |  |
|  | [ ]  Child (minor or adult)[ ]  Other family member: (relation) | [ ]  Devisee (beneficiary of the Will)[ ]  Heir (next of kin who would inherit without a Will)[ ]  Nominated Personal Representative[ ]  Creditor[ ]  Other: |  |

1. Have all interested persons listed as heirs lived longer than at least 120 hours after Decedent’s date of death? [ ]  Yes [ ]  No

If No, list:

The name of the heir:

The heir’s date of death:

1. Statement specifically eliminating all heirs or devisees other than listed [see Minn. Gen. R. Prac. 408(a)]:

Start at (1) and check all boxes that apply moving down the list. Stop when directed.

The Decedent left:

1. [ ]  I have listed all Devisees.
2. [ ]  If Decedent has a living spouse, I have listed the spouse.
3. [ ]  If Decedent has children, I have listed them all (this includes adopted children but not step-children).
4. [ ]  If Decedent has deceased children, I have listed all of the deceased child’s children.

**STOP:** If boxes (2), (3), or (4) are checked you do not have to continue. If not checked, move to box 5. Be sure all names of those included above are listed as interested persons in 17.

1. [ ]  If Decedent has no descendants, I have listed Decedent’s parents.

	1. [ ]  If Decedent has no living parents, I have listed all Decedent’s siblings.
	2. [ ]  If Decedent has deceased siblings, I have listed all the deceased siblings’ descendants (nieces, nephews, grandnieces, grandnephews, etc.)

**STOP:** If box 5 is checked you do not have to continue. If not checked, move to box 6. Be sure all names of those included above are listed as interested persons in 17.

1. [ ]  If Decedent’s parents have no descendants, I have listed Decedent’s grandparents (both maternal and paternal).
2. Maternal Grandparents
	1. [ ]  If both of Decedent’s maternal grandparents are deceased, I have listed Decedent’s mother’s siblings (Aunts and Uncles).
	2. [ ]  If Decedent’s mother has deceased siblings, I have listed all of her deceased sibling’s children (1st cousins).
	3. [ ]  If Decedent has no living maternal cousins, I have listed the surviving children of cousins.
3. Paternal Grandparents
	1. [ ]  If both of Decedent’s paternal grandparents are deceased, I have listed Decedent’s father’s siblings (Aunts and Uncles).
	2. [ ]  If Decedent’s father has deceased siblings, I have listed all of his deceased sibling’s children (1st cousins).
	3. [ ]  If Decedent has no living paternal cousins, I have listed the surviving children of cousins.
4. [ ]  Other.

**STOP:** If any boxes 6-9 are checked, be sure all names of those included above are listed as interested persons in 17. Attach a family tree to this Application.

Other than specifically listed above, there are no other heirs or devisees.

**Based on the above, I ask the Court to schedule a hearing on this Petition and enter an order formally:**

1. Finding that the Decedent is dead.
2. Finding that venue is proper.
3. Finding that the proceeding was started within the time limitation required by Minnesota law.
4. Determining Decedent’s domicile at death.
5. Determining Decedent’s heirs.
6. Determining Decedent’s testacy status.
7. Determining the will is valid and unrevoked and should be probated.
8. Determining that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is entitled to appointment as Personal Representative and should be appointed.
9. Appointing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Personal Representative, with \_\_\_\_\_\_\_\_ bond, in [ ]  an unsupervised administration [ ]  a supervised administration.
10. Issuing Letters Testamentary upon qualification and acceptance; and
11. Granting such other relief as may be proper.

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

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature of Petitioner |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |
| [ ]  Attorney for Petitioner:OR[ ]  Self-RepresentedName: Firm: Address:  Attorney License No.: Email: Telephone:  |