

**State of Minnesota**

**District Court**

County of:
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Judicial District:	_____
Court File Number:	_____
Case Type:	Probate

In Re the Estate of:

\_\_\_\_\_,  
Decedent (Deceased person)

**Petition for Discharge of Personal Representative**

**Information about the Petitioner:**

1. My name is \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I am:
  - Personal Representative
  - Other: \_\_\_\_\_
3. The Personal Representative has:
  - fully administered the estate of the Decedent, and has paid all expenses, debts, and charges owed by the estate, or
  - turned over the duties of the Personal Representative and all assets of the Estate to a court-appointed successor.
4. The final account has been presented to and allowed by the court, the decree or order of distribution has been made, all taxes required to be paid by the Personal Representative have been paid, and proper receipts have been filed.
5. The balance of the estate that was in my possession for distribution according to the Order Allowing Final Account has been paid out and distributed following the Decree or Order of Distribution as follows:

<b>Legacies and/or Distributive Shares or Successor Personal Representative</b>	<b>Share Value</b>
	\$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

*Use another sheet of paper if you need more space for #5.*

6. I have made all distributions, and as proof I have filed (check all that apply):

- Receipts for Assets by Distributee (PRO916).*
- Other proof that distributions have been made.

**Based on the above, I ask the Court to enter an order formally:**

1. Discharging the Personal Representative and releasing and discharging any sureties on the Personal Representative’s bond.
2. 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

\_\_\_\_\_ County and state where signed

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Attorney for Personal Representative:  
Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Attorney License No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_