

State of Minnesota

District Court

County of:

Judicial District:	_____
Court File Number:	_____
Case Type:	Informal Probate

Estate of:

_____,
Decedent (Deceased person)

**APPLICATION FOR
INFORMAL APPOINTMENT OF
SUCCESSOR PERSONAL
REPRESENTATIVE**

Information about the Applicant:

1. My name is _____.

My legal interest to the Decedent is: (Check all that apply)

- Spouse
- Child
- Other family member: _____
- Heir
- Creditor
- Other: _____

Information about the Decedent:

2. Decedent died on _____ in the city of _____,
and state of _____.

3. On _____ (date), _____ (name of
personal representative) was informally appointed personal representative of the Decedent in an
unsupervised administration in court file number _____.

4. The personal representative:

- has filed an *Unsupervised Personal Representative's Statement to Close Estate*, and more
than one year has passed since the *Statement to Close* was filed.
- has resigned.
- is deceased, having died on _____.
- other: _____

5. A successor personal representative is needed:

- to replace the current personal representative.

to administer newly discovered assets.

other:

_____.

6. _____ is entitled to appointment as successor personal representative and has priority over others under Minn. Stat. § 524.3-203, because:

7. Are there any other persons having a prior or equal right to the appointment under Minnesota law? Yes No

If yes, who else has a right for appointment? _____

Have they given up their right for appointment or joined in nominating _____ as successor personal representative?

Yes No (If yes, include the nomination and/or renunciation form, PRO901.)

8. The successor personal representative's address is:

Street address: _____

City, State, Zip: _____

9. I agree with the statements in the Order or Statement for appointment listed at #3 above, EXCEPT for the following requested corrections:

_____.

Information about Decedent's Family and/or Interested Persons (if any):

10. 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:

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.

Name and Mailing Address (one name per box)	Familial Relationship	Legal Interest (check all that apply)	Birth Date of Minors; Date of Death if deceased heir or devisee
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child (minor or adult) <input type="checkbox"/> Other family member: (relation)	<input type="checkbox"/> Heir (next of kin who would inherit without a Will) <input type="checkbox"/> Creditor <input type="checkbox"/> Other:	
	<input type="checkbox"/> Child (minor or adult) <input type="checkbox"/> Other family member: (relation)	<input type="checkbox"/> Heir (next of kin who would inherit w/o a Will) <input type="checkbox"/> Creditor <input type="checkbox"/> Other:	
	<input type="checkbox"/> Child (minor or adult) <input type="checkbox"/> Other family member: (relation)	<input type="checkbox"/> Heir (next of kin who would inherit w/o a Will) <input type="checkbox"/> Creditor <input type="checkbox"/> Other:	
	<input type="checkbox"/> Child (minor or adult) <input type="checkbox"/> Other family member: (relation)	<input type="checkbox"/> Heir (next of kin who would inherit w/o a Will) <input type="checkbox"/> Creditor <input type="checkbox"/> Other:	

Use another sheet of paper if you need more space for # 10.

Based on the above, I ask the Registrar to:

1. Determine that _____ is entitled to appointment as Successor Personal Representative;
2. Enter an order appointing _____ as Successor Personal Representative of the Estate, with \$ _____ bond, in
 an unsupervised a supervised administration; and
3. Issue appropriate letters as Successor Personal Representative; and

4. Grant 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 Applicant

County and state where signed

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

<input type="checkbox"/> Attorney for Successor Personal Representative:
OR
<input type="checkbox"/> Self-Represented:
Name: _____
Firm: _____
Address: _____

Attorney License No.: _____
Email: _____
Telephone: _____