

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: _____ Probate / Mental Health

In Re the Estate of

Decedent (Deceased Person)

**Acceptance of Appointment as
Successor Personal
Representative and Oath by
Individual**

I, _____, residing at
_____, as a
condition to receiving letters as Successor Personal Representative 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 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.

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

Dated: _____

County and State where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____