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

|  |  |  |  |
| --- | --- | --- | --- |
| In Re the Estate of |  | **Nomination of Successor Personal Representative and/or Renunciation of Priority for Appointment, and Bond** |  |
|  |  |  |
|  |  |  |
| Decedent (Deceased Person) |  |  |

I, , state:

My address is .

Under Minn. Stat. § 524.3-203, I have the following:

* Priority for appointment as the successor personal representative of this Estate;
* A right to nominate the successor personal representative of this Estate; and/or
* A right to request bond;

because I am:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOMINATION**

⬜ I nominate the following “Nominee” as successor personal representative of the Estate of Decedent (person who has died):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

⬜ I am not nominating a successor personal representative of the Estate of Decedent.

**RENUNCIATION (GIVING UP PRIORITY)**

⬜ I do not want to serve as the successor personal representative even if I have priority to serve in this role.

**OR**

⬜ I do not want to serve as the successor personal representative even if I have priority, as long as the person I have nominated to serve as the successor personal representative accepts this role. If the person I have nominated does not act or stops acting as the successor personal representative, then I reserve my priority, if any.

**BOND**

A bond protects the beneficiaries of the estate against the Successor Personal Representative’s wrongful acts. I am aware that any bond filed in this estate is to cover damages in the event of mismanagement or misappropriation of funds by the Successor Personal Representative. I request:

⬜ A bond be required in the amount of $ ; **OR**

⬜ No bond be required of the nominated or appointed Successor Personal Representative of this Estate.

NOTE: the cost of the bond will be paid out of the assets of the Estate and could ultimately reduce your distribution.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Dated |  | Signature | |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |