

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
PERSONAL REPRESENTATIVE
(WITHOUT A WILL)**

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 was born on _____ in the city of _____, and state of _____.

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

4. 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.

5. Domicile (address of legal residence) of Decedent at the time of death:

Street Address: _____

City, State, and Zip Code: _____

County: _____

6. 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? _____

7. 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 Personal Representative:

- 8. I have done a reasonable diligent search and I am unaware of any testamentary instrument under Minnesota law and believe that the Decedent died leaving no will.
- 9. There is no personal representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated.
- 10. The time limit for informal appointment has not expired because three years or less have passed since the Decedent's death.

11. 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.

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

13. Is 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? _____

14. Have they given up their right for appointment or joined in nominating
 _____ as personal representative? Yes No

If yes, include the nomination and/or renunciation form (PRO901).

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

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.

15. 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.

16. 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	Birth Date of Minor / Date of Death of 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:	

Name and Mailing Address (one name per box)	Familial Relationship	Legal Interest	Birth Date of Minor / Date of Death of deceased Heir or Devisee
	<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 # 16.

17. 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: _____

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

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

The Decedent left:

- (1) If Decedent has a living spouse, I have listed the spouse at # 16.
- (2) If Decedent has children, I have listed them all at # 16 (this includes adopted children but not step-children).
- (3) If Decedent has deceased children, I have listed all of the deceased child's children at # 16.

STOP: If boxes (1), (2), or (3) are checked:

- You do not have to continue, but
- Be sure all names are listed as interested persons in # 16.

If boxes (1), (2), or (3) are not checked, move to box (4).

- (4) If Decedent has no descendants, I have listed Decedent's parents.
 - a. If Decedent has no living parents, I have listed all Decedent's siblings.
 - b. If Decedent has deceased siblings, I have listed all the deceased siblings' descendants (nieces, nephews, grandnieces, grandnephews, etc.).

STOP: If box (4) is checked:

- You do not have to continue, but
- Be sure all names are listed as interested persons in # 16.

If box (4) is not checked, move to box (5).

(5) If Decedent's parents have no descendants, I have listed Decedent's grandparents (both maternal and paternal) in # 16.

(6) Maternal Grandparents

- a. If both of Decedent's maternal grandparents are deceased, I have listed Decedent's mother's siblings (Aunts and Uncles).
- b. If Decedent's mother has deceased siblings, I have listed all of her deceased sibling's children (1st cousins).
- c. If Decedent has no living maternal cousins, I have listed the surviving children of cousins.

(7) Paternal Grandparents

- a. If both of Decedent's paternal grandparents are deceased, I have listed Decedent's father's siblings (Aunts and Uncles).
- b. If Decedent's father has deceased siblings, I have listed all of his deceased sibling's children (1st cousins).
- c. If Decedent has no living paternal cousins, I have listed the surviving children of cousins.

STOP: If any box in (5) through (7) is checked, be sure all names are listed as interested persons in # 16. Attach a family tree to this Application.

(8) Other: (attach a family tree and list names as interested persons in # 16).

Other than specifically listed above, there are no other people who are heirs.

Based on the above, I ask the Registrar to:

1. Determine that _____ is entitled to appointment as Personal Representative;

2. Enter an order appointing _____ as Personal Representative of the Estate, with \$ _____ bond, in an unsupervised administration;
3. Issue Letters of General Administration; 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 Applicant: OR <input type="checkbox"/> Self-Represented: Name: _____ Firm: _____ Address: _____ _____ Attorney License No.: _____ Email: _____ Telephone: _____
