State of Minnesota	District Court		
County of:	Judicial District:		
	Court File Number:		
	Case Type: Probate		
Estate of: Decedent (Deceased person)	APPLICATION FOR, INFORMAL PROBATE OF WILL AND FOR INFORMAL		
Deceased person)	APPOINTMENT OF PERSONAL REPRESENTATIVE		
nformation about the Applicant:			
. My name is	· · · · · · · · · · · · · · · · · · ·		
My legal interest to the Decedent is:	(Check all that apply)		
□ Devisee (beneficiary of the W□ Heir□ Creditor			
Information about the Decedent:			
2. Decedent was born onstate of	in the city of, and,		
3. Decedent died on and state of	in the city of,		
1. At least 120 hours, but not more than have passed, since Decedent's death.	3 years (except as allowed by Minn. Stat. § 524.3-108)		
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, follows:	to the best of my kn	owledge, at the time of death are as
	Probate Assets		
	Homestead	\$	
	Other Real Estate	\$	
	Cash	\$	
	Securities	\$	
	Other	\$	
	Non-Probate Assets (for examp	ale: joint accounts	heneficiaries trusts etc.)
	Joint Tenancy	-	
	Insurance		
	Other	\$	
	Other	Φ	
	Approximate Indebtedness (Se	ee Instructions)	
In	formation about the Will and Person	ıal Renresentative	
		iai Kepresentative	•
8.	The Decedent left:		
	(check all that apply; identify where	each checked docun	nent can be found)
	Document:		Located:
	☐ A Will dated		☐ Filed with this Application
			☐ In possession of the Court
			☐ Probated elsewhere*
ſ	☐ Codicil(s) (amendments) dated _		☐ Filed with this Application
			☐ In possession of the Court
			☐ Probated elsewhere*
Ī	☐ Separate writing(s) gifting person	nal property under	☐ Filed with this Application

found or attached to the Will

Minn. Stat. § 524.2 -513 dated _____

A separate writing referred to in the Will, but not

☐ In possession of the Court☐ Probated elsewhere*

☐ Filed with this Application

☐ In possession of the Court☐ Probated elsewhere*

^{*}If probated somewhere else, then I have included an authenticated copy of the Will and statement or order probating the Will with this Application.

There is no Personal Representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated.					
10. To the best of my knowledge and belief, th	0. To the best of my knowledge and belief, these documents have been validly executed.				
11. After a reasonable diligent search, I am unaware of any document revoking the Will, and I believe this is the last Will of Decedent.					
12. The Will nominates	as Personal Representative.				
☐ The nominated Personal Representative is willing to serve and is not disqualified. OR					
☐ The nominated Personal Representative is unable or has declined to serve. has priority to serve as Personal Representative because: (interest to Decedent), and is willing to					
serve and is not disqualified.	(
13. The Will states:					
\square No bond \square Minimum bond	□ \$bond □ Unspecified				
14. The Will also states:	14. The Will also states:				
 □ Informal / unsupervised administration □ Supervised administration (if so, STOP; you will need to file for <i>formal</i> probate instead) □ Administration not specified 					
15. 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. 					
Information about Decedent's Family and/or Interested Persons (if any): 16. Check all that apply:	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.				

☐ 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 Dec	cedent that are not issue of the surviving sp	oouse.		
	surviving spouse who are not issue of the			
incre are issue of the	surviving spouse who are not issue of the	Decedent.		
	17. 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	Familial Relationship AND Legal Interest (check all that apply)	Birth Date of Minors; Date of Death if deceased Heir or Devisee		
	☐ Spouse ☐ Child (minor or adult) ☐ Other family member:(relation) ☐ Devisee (beneficiary of the Will) ☐ Heir (next of kin who would inherit without a Will) ☐ Nominated Personal Representative ☐ Creditor ☐ Other:			
	☐ Child (minor or adult) ☐ Other family member: (relation) ☐ Devisee (beneficiary of the Will)			

Use another sheet of paper if you need more space for #17.

18. 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:
19. Statement specifically eliminating all heirs or devisees other than listed [see Minn. Gen. R. Prac 408(a)]:
Start at (1) and check all boxes that apply moving down the list. Stop when directed.
The Decedent left:
(1) \square I have listed all Devisees in # 17.
(2) \square If Decedent has a living spouse, I have listed the spouse in # 17.
(3) ☐ If Decedent has children, I have listed them all at # 17 (this includes adopted children but not step-children).
(4) ☐ If Decedent has deceased children, I have listed all of the deceased child's children at # 17.
STOP: If boxes (3) or (4) are checked:
 You do not have to continue, but Be sure all names are listed as interested persons in # 17.
If boxes (3) or (4) are not checked, move to box (5).
(5) \square If Decedent has no descendants, I have listed Decedent's parents.
a. \Box 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 (5) is checked:
You do not have to continue, but

• Be sure all names are listed as interested persons in # 17.

If box (5) is not checked, move to box (6).	
(6) ☐ If Decedent's parents have no descendants, I have listed Decedent's grandparents (both maternal and paternal) in # 17.	
 (7) 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).	ed
c. ☐ If Decedent has no living maternal cousins, I have listed the surviving children of cousins.	
(8) Paternal Grandparents	
 a.	
b. If Decedent's father has deceased siblings, I have listed all of his deceased sibling's children (1 st cousins).	ĺ
c. If Decedent has no living paternal cousins, I have listed the surviving child of cousins.	lren
STOP: If any box in (6) through (8) are checked, be sure all names are listed as interested perso in # 17. Attach a family tree to this Application.	ns
(9) \square Other (attach family tree and list names as interested persons in # 17).	
Other than specifically listed above, there are no other people who a heirs or devisees.	ıre
Based on the above, I ask the Registrar to:	

1. Enter a statement for informal probate of the Will;

2.	Enter an order appointing		as	Personal
	Representative of the Estate, with \$administration;		bond, in an unsupervised	I
3.	Issue Letters Testamentary to		; ar	nd
4.	Grant such other relief as may be proper.			
	eclare under penalty of perjury that everythinn. Stat. § 358.116.	ing I have state	ed in this document is true	e and correct.
D	ated	Signature of A	applicant	
C	ounty and state where signed	Name: Address: City/State/Zip: Telephone: Email:		
N Fi A 	Attorney for Personal Representative: R Self-Represented: ame: ame: ddress: ttorney License No.: mail: elephone:			