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

|  |  |  |
| --- | --- | --- |
| Estate of:  | **Affidavit of Service**(Closing Informal Probate) |  |
|  |  |
|   |  |
| Decedent (Deceased person)  |  |

My name is , and I am at least 18 years old. I served certain probate forms as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Name: |  |  | Forms Served *(check all that apply)*: |
|  | Address: |  |  | [ ]  *Inventory* |
|  |  |  |  | [ ]  *Final Account* |
|  |  |  | [ ]  *Unsupervised Personal Representative’s Statement to Close Estate* |
|  | Date of Service: |  |  | [ ]  Other: |
|  |  |  |  |
|  | How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Name: |  |  | Forms Served *(check all that apply)*: |
|  | Address: |  |  | [ ]  *Inventory* |
|  |  |  |  | [ ]  *Final Account* |
|  |  |  | [ ]  *Unsupervised Personal Representative’s Statement to Close Estate* |
|  | Date of Service: |  |  | [ ]  Other: |
|  |  |  |  |
|  | How Served: | [ ]  By Mail (United States Mail) | [ ]  By Personal Service (hand-delivered) |

*If you need more space for names, add another sheet of paper.*

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 Person Who Mailed the Forms |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |