

**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** (list all unsecured debt, do not leave blank)

\$ \_\_\_\_\_

**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<br><input type="checkbox"/> Child (minor or adult)<br><input type="checkbox"/> Other family member: (relation) | <input type="checkbox"/> Heir (next of kin who would inherit without a Will)<br><input type="checkbox"/> Creditor<br><input type="checkbox"/> Other: |   |
|   | <input type="checkbox"/> Child (minor or adult)<br><input type="checkbox"/> Other family member: (relation)                                    | <input type="checkbox"/> Heir (next of kin who would inherit w/o a Will)<br><input type="checkbox"/> Creditor<br><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)<br><input type="checkbox"/> Other family member: (relation) | <input type="checkbox"/> Heir (next of kin who would inherit w/o a Will)<br><input type="checkbox"/> Creditor<br><input type="checkbox"/> Other: |   |
|   | <input type="checkbox"/> Child (minor or adult)<br><input type="checkbox"/> Other family member: (relation) | <input type="checkbox"/> Heir (next of kin who would inherit w/o a Will)<br><input type="checkbox"/> Creditor<br><input type="checkbox"/> Other: |   |

Use another sheet of paper if you need more space for # 16. Make sure to mark ALL Familial and Legal Interest. See Heirship TIP sheet on website for further details.

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)]:

\_\_\_ Where only the spouse survives, the application should state "That decedent left no surviving descendants (including adopted descendants); and was not in the process of adopting an individual at the time of the decedent's death."

\_\_\_ Where only children survive, the application should state "That the decedent left surviving no spouse; no children (including adopted children) other than herein named; and no descendants of any deceased children."

\_\_\_ Where the spouse and children survive, the application should state "That the decedent left surviving no children (including adopted children) other than herein named and no descendants of any deceased children; and was not in the process of adopting an individual at the time of the decedent's death."

\_\_\_ Where only brothers or sisters of decedent survive, the application should state "That the decedent left surviving no spouse; descendants; parents; brothers or sisters other than herein named; and no descendants of deceased brothers or sisters."

\_\_\_ Where only first cousins survive, the application should state "That the decedent left surviving no spouse; descendants; parents; brothers or sisters or descendants thereof; grandparents; aunts or uncles; and no first cousins other than herein named."

**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

\_\_\_\_\_  
County and state where signed

\_\_\_\_\_  
Signature of Applicant

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

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

|   |
|---|
| <input type="checkbox"/> Attorney for Applicant:<br><b>OR</b><br><input type="checkbox"/> Self-Represented:<br>Name: _____<br>Firm: _____<br>Address: _____<br>_____<br>Attorney License No.: _____<br>Email: _____<br>Telephone: _____ |
|---|