State of Minnesota		District Court
County	Judicial District:	Fourth
	Court File Number:	27-PA-PR
	Case Type:	Probate/Mental Health
In re the Estate of Deceased	Unsupervised Personal Representative's Statement to Close _,	
STATE OF MINNESOTA COUNTY OF	}	
I,	the pe	ersonal representative
of the Estate, state that I (or a prior Per	<u> -</u>	<u>*</u>

- 1. Published notice to creditors. The date of the notice was made more than four months prior to the date of this statement.
- 2. Full administered this Estate by making payment, settlement or other disposition of all claims which were presented, expenses of administration, estate and other taxes, except as specified in this statement.
- 3. Inventoried the assets of the Estate and distributed them to the persons entitled to them. Listed below are all unpaid claims, expenses or taxes which remain undischarged. (If none, write the word "NONE", otherwise state in detail other arrangements which have been made to accommodate all outstanding liabilities.):

4. Sent a copy of this statement to all distributes of this Estate and to all creditors or other claimants whose claims are neither paid nor barred and have furnished a full account in writing of this administration to the distributees whose interests are affected by the administration of this Estate.

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This statement is filed for the purposd of closing this Estate and terminating my appointment as Personal Representative of the Estate.

Notarial Stamp or Seal	Signature of Personal Representative Date
	Signature of Personal Representative Date
	Signed and sworn to (or affirmed) before me on, 20 by (printed name of personal representative)
	Signature of Notary Public

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