

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

**ACCEPTANCE OF APPOINTMENT
AS PERSONAL REPRESENTATIVE
AND OATH BY INDIVIDUAL**

Deceased

STATE OF MINNESOTA }

COUNTY OF _____ }

I, _____, residing at _____,
as a condition to receiving letters as Personal Representative in this Estate, (1) accept the duties of the office, (2) agree to be bound by the provisions of the statutes relating to the office, (3) submit to the jurisdiction of the Court in any proceeding relating to this Estate, and (4) swear that I will faithfully perform all duties of the office that I now assume to the best of my ability.

Signature Date

Notarial Stamp or Seal

Signed and sworn to (or affirmed) before me on
_____ by
_____ Affiant.

Signature of Notary Public