

State of Minnesota

District Court

County

Judicial District: FOURTH
Court File Number: 27-PA-PR-
Case Type: PROBATE MENTAL HEALTH

In Re: Estate of

**UNSUPERVISED PERSONAL
REPRESENTATIVES STATEMENT TO
CLOSE ESTATE**

Deceased

STATE OF MINNESOTA }
COUNTY OF }

I, _____, the Personal Representative of the Estate,
state that I (or a prior Personal Representative whom I have succeeded) have:

1. Published notice to creditors. The date of the notice was more than four months prior to the date of this statement.
2. Fully 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 distributees 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.

This statement is filed for the purpose 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