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

|  |  |  |
| --- | --- | --- |
| Estate of: | **Affidavit of Service**  (Informal Appointment of Successor Personal Representative) |  |
|  |  |
|  |  |
| 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: |  | | |  | | *Notice of Application for Informal Appointment of Successor Personal Representative* |
|  |  |  | | |
|  |  | | | |
|  | Date of Service: | | |  |  | | Other: |
|  |  | | | |  | |  |
|  | How Served: | | By Mail (United States Mail) | | | By Personal Service (hand-delivered) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name: |  | | |  | | Forms Served *(check all that apply)*: |
| Address: |  | | |  | | *Notice of Application for Informal Appointment of Successor Personal Representative* |
|  |  |  | | |  | |
|  |  | | | |  | |
|  | 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 Served the Forms | |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |