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| **State of Minnesota Judicial District:** **County: Court File Number:** **Case Type: Probate****In Re the Estate of** , **Decedent (Deceased Person)****AFFIDAVIT OF MAILING OF NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS**  | (reserved for recording data) |

I, , state that I am at least 18 years of age having been born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , I served a copy of the Notice upon the Commissioner of Human Services by mailing it in a sealed envelope, postage prepaid by depositing the same with the U.S. Postal Service, addressed to the **Commissioner of Human Services, Attention: Special Recovery Unit/Estate Notice, P.O. Box 64995, St. Paul, Minnesota 55164-0095**.

The real property affected by the Notice is located in County, Minnesota, and is legally described as follows:

[ ]  Check if part of all of land is Registered (Torrens)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |