Notice to Commissioner of Human Services Regarding Possible Claims

## To the Commissioner of Human Services:

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| 1. | Attached and served upon you pursuant to Minn. Stat. § 524.3-801, is a copy of the **Notice of Informal Probate of Will and Appointment of Personal Representative and Notice to Creditors**,which has been or will be published according to law. |

*(Instructions for Personal Representative: Include all aliases and former names of the decedent and spouse(s) in paragraphs 2 and 3 and attach a copy of the* ***Notice of Informal Probate of Will and Appointment of Personal Representative and Notice to Creditors****).*

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| 2. | **Decedent** |  | **Date of Birth** |  | **Social Security Number** |
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| 3. | **Spouse(s) Who Died Before Decedent** |  | **Date of Birth** |  | **Social Security Number** |
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| 4. | This Notice is given pursuant to Minn. Stat. § 524.3-801 in case the decedent or a predeceased spouse of decedent might have received assistance for which a claim could be filed under one or more of the following Minnesota Statutes: § 246.53, 256B.15, 256D.16 or 261.04. |

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| Dated |  | Personal Representative |
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| ⬜ Attorney for Personal Representative:**OR**⬜ Self-Represented:Name: Firm: Address:  Attorney License No.: Email: Telephone:  |  |  |