

**State of Minnesota**

County

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**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: Probate


In Re the Estate of

\_\_\_\_\_  
Decedent (Deceased Person)

**Unsupervised Personal  
Representative's Statement to  
Close Estate**

Minn. Stat. §§ 524.3-1003, 524.3-1204

My name is \_\_\_\_\_, and I am the Personal Representative of the Estate.

1. I (or a prior Personal Representative that I have replaced) have done the following:
  - a. Published notice to creditors. The date of the notice was more than 4 months before the date of this *Statement*.
  - b. Inventoried the assets of the Estate.
  - c. 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 described in paragraph 2.
  - d. Given a full account in writing of this administration to the distributees whose interests are affected by the administration of this Estate.
  - e. Distributed the assets of the estate to the persons entitled to them.

2. Outstanding Debts.

The Estate has no outstanding debts (all debts have been paid).

OR

The following is a detailed description of all unpaid claims, expenses, or taxes that have not been discharged, along with the arrangements I have made to address all outstanding liabilities:

Debt Owed To:	Amount:	Arrangements:

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3. **Before filing this *Statement*, I will send a copy to all distributees of this Estate and to all creditors or other claimants whose claims are neither paid nor barred.**
4. I am filing this *Statement* for the purpose of closing this Estate. One year after filing this *Statement*, my appointment will terminate. *Letters of Appointment* remain in full force until termination.

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

\_\_\_\_\_

Dated

\_\_\_\_\_

Personal Representative

<input type="checkbox"/> Attorney for Personal Representative: <b>OR</b> <input type="checkbox"/> Self-Represented: Name: _____ Firm: _____ Address: _____ _____ Attorney License No.: _____ Email: _____ Telephone: _____
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