State of Minnesota	District Court
County of:	Judicial District:
	Court File Number:
	Case Type: Informal Probate
Estate of:	
	Affidavit of Service
	(Closing Informal Probate)
Decedent (Deceased person)	
My name is	, and I am at least 18 years old. I served certain
probate forms as follows:	
Name:	- Inventory
Address:	☐ Final Account
	☐ Unsupervised Personal Representative's Statement to Close
	Estate
Date of Service:	☐ Other:
How Served: ☐ By Mail (United Sta	ites Mail)
□ Name:	Forms Served (check all that apply):
Address:	Inventory
	☐ Final Account
	☐ Unsupervised Personal Representative's Statement to Close
Data of Comica	Estate ☐ Other:
Date of Service:	
How Served:	ites Mail) By Personal Service (hand-delivered)
	add another sheet of paper.
	nat everything I have stated in this document is true and
correct. Minn. Stat. § 358.116.	
Dated	Signature of Person Who Mailed the Forms
	Name:
	Address:
County and state where signed	City/State/Zin:
cosing and state whole signed	Telephone:
	Email: