State of Minnesota	District Court
County of:	Judicial District:
	Court File Number:
	Case Type: Formal Probate
In Re the Estate of:	PETITION FOR FORMAL
	ADJUDICATION OF
	-' INTESTACY,
Decedent (Deceased person)	DETERMINATION OF HEIRS,
	AND APPOINTMENT OF
	PERSONAL REPRESENTATIVE
Information about the Petitioner:	
1. My name is	My legal interest to the
Decedent is: (Check all that apply)	
□ Nominated Personal Rep	
□ Spouse	
□ Child	
\Box Other family member:	
\Box Heir	
□ Creditor	
Information about the Decedent:	
2. Decedent was born on	in the city of
and state of	
3. Decedent died on	_ in the city of
and state of	
 At least 120 hours, but not more the 108) have passed, since Decedent's 	an 3 years (except as allowed by Minn. Stat. § 524.3- s death.
5. Domicile (address of legal residence	ce) of Decedent at the time of death:

Street Address:

City, State, and Zip Code:

____,

County: _____

6. Did Decedent live in MN at the time of death?	🗆 Yes 🗆 No
If No, did Decedent own property in MN at the time of death?	🗆 Yes 🗆 No
If yes, what county?	

7. Decedent's assets and indebtedness, to the best of my knowledge, at the time of death are as follows:

Probate Assets

\$
\$
\$
\$
\$

Non-Probate Assets (for example: joint accounts, beneficiaries, trusts, etc.)

Joint Tenancy	\$
Insurance	\$
Other	\$

Approximate Indebtedness (see Instructions) \$ _____

Information about the Personal Representative:

- 8. After a reasonable diligent search, I am unaware of any testamentary instrument under Minnesota law and believe that the Decedent died leaving no Will.
- 9. There is no personal representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated.
- 10. The time limit for formal appointment has not expired because three years or less have passed since the Decedent's death.
- 11. Check one:
 - □ I have not received a demand for notice and am not aware of any demand for notice of any probate or appointment proceeding concerning the Decedent that may have been filed in Minnesota or elsewhere.

OR				
 Proper notice has been given demand for notice. 	to those persons or entities who have filed a			
12	is entitled to appointment as			
Personal Representative and has priority because:	is entitled to appointment as v over others under Minn. Stat. § 524.3-203,			
13. Is there any other person(s) having a pri Minnesota law? □ Yes □ No	or or equal right to the appointment under			
If yes, who else has a right for appointme	If yes, who else has a right for appointment?			
14. Have they given up their right for appoint	ntment or joined in nominating as Personal Representative?			
\Box Yes \Box No				
If yes, include the nomination and/or ren	unciation form (PRO901).			
Information about Decedent's family and/or interested persons (if any):	Carefully read through the Instructions for definitions and examples of who needs to be included as an interested party below. Not including all interested persons may delay the probate.			
15. Check all that apply:				
Decedent left no surviving spous	e.			
□ Decedent left no surviving issue examples, see Instructions or get	(generally, children by blood or adoption; for other t legal advice).			
\Box All issue of Decedent are issue of	f Decedent's surviving spouse.			

- \Box There are issue of Decedent that are not issue of the surviving spouse.
- \Box There are issue of the surviving spouse who are not issue of the Decedent.
- 16. The names and addresses of Decedent's spouse, children, heirs, and other persons interested in this proceeding so far as known or found with reasonable diligence by the Applicant are:

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Name and Mailing Address (one name per box)	Familial Relationship	Legal Interest (check all that apply)	Birth Date of Minor / Date of Death of deceased Heir or Devisee
	 Spouse Child (minor or adult) Other family member: (relation) 	 Heir (next of kin who would inherit without a Will) Nominated Personal Representative Creditor Other: 	
	 Child (minor or adult) Other family member: (relation) 	 Heir (next of kin who would inherit without a Will) Nominated Personal Representative Creditor Other: 	
	 Child (minor or adult) Other family member: (relation) 	 Heir (next of kin who would inherit without a Will) Nominated Personal Representative Creditor Other: 	
	 □ Child (minor or adult) □ Other family member: (relation) 	 Heir (next of kin who would inherit without a Will) Nominated Personal Representative Creditor Other: 	

Use another sheet of paper if you need more space for #16.

17. Have all interested persons listed as heirs lived longer than at least 120 hours after Decedent's date of death? □ Yes □ No

If No, list the name of the heir:

18. Statement specifically eliminating all heirs other than listed (see Minn. Gen. R. Prac 408(a)):

Start at (1) and check all boxes that apply moving down the list. Stop when directed.

The Decedent left:

- (1) \Box If Decedent has a living spouse, I have listed the spouse at #16.
- (2) \Box If Decedent has children, I have listed them all at #16 (this includes adopted children but not step-children).
- (3) \Box If Decedent has deceased children, I have listed all of the deceased child's children at #16.

STOP: If boxes (1), (2), or (3) are checked:

- You do not have to continue, but
- Be sure all names are listed as interested persons in #16.

If boxes (2) or (3) are not checked, move to box (4).

(4) \Box If Decedent has no descendants, I have listed Decedent's parents.

- a. \Box If Decedent has no living parents, I have listed all Decedent's siblings.
- b. \Box If Decedent has deceased siblings, I have listed all the deceased siblings' descendants (nieces, nephews, grandnieces, grandnephews, etc.)

STOP: If box (4) is checked:

- You do not have to continue, but
- Be sure all names are listed as interested persons in #16.

If box (4) is not checked, move to box (5).

- (5) □ If Decedent's parents have no descendants, I have listed Decedent's grandparents (both maternal and paternal) in #16.
- (6) Maternal Grandparents

- a. \Box If both of Decedent's maternal grandparents are deceased, I have listed Decedent's mother's siblings (Aunts and Uncles).
- b. \Box If Decedent's mother has deceased siblings, I have listed all of her deceased sibling's children (1st cousins).
- c. \Box If Decedent has no living maternal cousins, I have listed the surviving children of cousins.
- (7) Paternal Grandparents
 - a. If both of Decedent's paternal grandparents are deceased, I have listed Decedent's father's siblings (Aunts and Uncles).
 - b. \Box If Decedent's father has deceased siblings, I have listed all of his deceased sibling's children (1st cousins).
 - c. \Box If Decedent has no living paternal cousins, I have listed the surviving children of cousins.

STOP: If any box in (5) through (7) is checked, be sure all names are listed as interested persons in # 16. Attach a family tree to this Petition.

(8) \Box Other: (attach a family tree and list names as interested persons in # 16).

Other than specifically listed above, there are no other people who are heirs.

Based on the above, I ask the Court to schedule a hearing on this Petition and enter an order formally:

- 1. Finding that the Decedent is dead.
- 2. Finding that venue is proper.

- 3. Finding that the proceeding was started within the time limitation required by Minnesota law.
- 4. Determining Decedent's domicile at death.
- 5. Finding Decedent left no Will and therefore died intestate.
- 6. Determining Decedent's heirs.
- 7. Determining that ______ is entitled to appointment as Personal Representative and should be appointed.
- 8. Appointing ______ as Personal Representative, with ______ bond, in □ an unsupervised administration □ a supervised administration.
- 9. Issuing Letters of General Administration upon qualification and acceptance; and
- 10. Granting such other relief as may be proper.

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

Dated

County and state where signed

□ Attorney for Petitioner:		
OR		
□ Self-Represented:		
Name:		
Firm:		
Address:		
Attorney License No.:		
Email:		
Telephone:		

Signature of Petitioner

Name: _______Address: _______ City/State/Zip: ______ Telephone: ______ Email: