|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court** |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Probate / Mental Health |

|  |  |  |  |
| --- | --- | --- | --- |
| In Re the Estate of |  | **Acceptance of Appointment as Personal Representative and Oath by Individual** |  |
|  |  |  |
|  |  |  |
| Decedent (Deceased Person) |  |  |

I, , residing at

 , as a

condition to receiving letters as Personal Representative in this Estate,

(1) accept the duties of the office,

(2) agree to be bound by the provisions of the statutes relating to the office,

(3) submit to the jurisdiction of the court in any proceeding relating to this Estate, and

(4) swear that I will faithfully perform all duties of the office that I now assume to the best of my ability.

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

Signature

Name:

Address:

City/State/Zip:

Telephone:

E-mail address: