

<b>State of Minnesota</b> <b>County:</b> _____	<b>Judicial District:</b> _____ <b>Court File Number:</b> _____ <b>Case Type: Probate</b>
<p style="text-align: center;"><b>In Re the Estate of</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Decedent (Deceased Person)</b></p>	
<p><b>AFFIDAVIT OF MAILING OF NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS</b></p>	
(reserved for recording data)	

I, \_\_\_\_\_, state that I am at least 18 years of age having been born on \_\_\_\_\_ and that on \_\_\_\_\_, I served a copy of the Notice upon the Commissioner of Human Services by mailing it in a sealed envelope, postage prepaid by depositing the same with the U.S. Postal Service, addressed to the **Commissioner of Human Services, Attention: Special Recovery Unit/Estate Notice, P.O. Box 64995, St. Paul, Minnesota 55164-0095.**

The real property affected by the Notice is located in \_\_\_\_\_ County, Minnesota, and is legally described as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check if part of all of land is Registered (Torrens)

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: \_\_\_\_\_  
 Email: \_\_\_\_\_