

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,

Decedent

☐ APPLICATION ☐ PETITION FOR AMENDED
LETTERS OF
☐ GENERAL ADMINISTRATION
☐ TESTAMENTARY
(To Correct Date of Death/To Add or Correct a Name)

TO: THE HONORABLE REGISTRAR OR THE ABOVE NAMED COURT

I, _____, state:

1. My address is: _____.
2. I am an interested person as defined by Minnesota law because I am Personal Representative of this Estate.
3. Decedent died on _____.
4. On _____, Letters ☐ Testamentary ☐ of General Administration were issued by the ☐ Registrar ☐ Court to _____ ("Letters").
5. Amended Letters are necessary:
 - ☐ To correct the date of death. The date of death of decedent was erroneously stated on the Application for Informal Probate of Will or the Petition for Formal Probate of Will as _____, the actual date of death was _____. A certified copy of the death certificate is attached.
 - ☐ To correct Personal Representative's name. The Letters were issued to _____. The Personal Representative's name should be _____.
 - ☐ To correct Decedent's name. The Letters listed Decedent's name as _____.
(Check if applicable) ☐ Amended Letters are necessary because the decedent's assets are held with his/her name as _____.

WHEREFORE, I request the Registrar or the Court to:

1. Issue Amended Letters ☐ Testamentary ☐ of General Administration to _____ as Personal Representative of the Estate.
2. The Amended Letters should:
(check all that apply)
 - ☐ Show the date of death of the Decedent to be _____.
 - ☐ Set forth the name of the Decedent as _____.

- ☐ Set forth the name of the Personal Representative as _____.
- ☐ Be dated _____, the date of original issuance, *nunc pro tunc*.

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

Date: _____

Applicant/Petitioner

Attorney for Applicant/Petitioner

Name _____
Firm _____
Street _____
City, State ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____