

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: _____