

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

Court File No. \_\_\_\_\_

Estate of

\_\_\_\_\_,  
Decedent

**CONFIDENTIAL INFORMATION FORM  
(MGRP FORM 11.1)**

THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND SHALL NOT  
BE PLACED IN A PUBLICLY ACCESSIBLE PORTION OF A FILE  
(Provided in Accordance With Rule 11 of the Minnesota General Rules of Practice)

Decedent's Social Security Number: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

1. Name of Asset \_\_\_\_\_

Financial Account Number \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Information supplied by (must be included): \_\_\_\_\_

(Print or type name of party submitting this form to the court)

Date: \_\_\_\_\_

Signature \_\_\_\_\_

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