

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: _____

Name of Asset

Financial Account Number

1. _____
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: _____