

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

VERIFICATION UNDER OATH

STATE OF MINNESOTA

COUNTY OF _____

} ss.

I, _____,
being duly sworn state that I am ☐ the party ☐ one of the parties who signed the attached document, entitled
dated _____; that I have read the document and know its contents; and that the
statements contained in the document are true or I believe them to be true. I understand that penalties for
perjury may follow from deliberate falsification.

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

Dated: _____

Affiant

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