

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Estate of

_____,
Decedent

Court File No. _____

**APPLICATION FOR CERTIFICATE
OF CLEARANCE FOR MEDICAL
ASSISTANCE CLAIM**

The undersigned applies to the _____ County _____ (The County Agency) for a Clearance For Medical Assistance Claims in the decree of descent proceedings listed below under Minnesota Statutes section 525.313, and in support of the application states that:

1. _____ (Petitioner's Name) has filed a petition for a decree of descent in the _____ County, Minnesota, District Court in the case of _____ (Case Caption), Case No. _____ ("the Case").
2. The undersigned is a petitioner in the Case / the attorney for the petitioner in the Case (strike one).
3. The decedent's full name is _____, his / her date of birth is _____.
4. The full name and date of birth for each of decedent's predeceased spouses are:

Name

Date of Birth

5. The names, addresses, and telephone numbers of the decedent's / predeceased spouse's heirs and / or devisees are (attach additional sheets if necessary):

Name

Address

Telephone Number

6. A copy of this notice of hearing to be given under Minnesota Statutes section 525.312, is attached to this application and made a part of it by this reference.

Dated: _____

Petitioner / Attorney for Petitioner

SAMPLE DOCUMENT

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

Received by the County Agency
on: _____