

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**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

<p>Attorney for Petitioner</p> <p>Name _____</p> <p>Firm _____</p> <p>Street _____</p> <p>City, State, ZIP _____</p> <p>Attorney License No: _____</p> <p>Telephone: _____</p> <p>FAX: _____</p> <p>Email: _____</p>	<p>Received by the County Agency on: _____</p>
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