

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

Estate of \_\_\_\_\_,  
Decedent

**CERTIFICATE OF CONSENT TO AN  
EARLY DISTRIBUTION OF ASSETS  
PURSUANT TO MINN. STAT. § 524.3-801(D)(6)**

1. The undersigned is the (check one) ☐ Director OR ☐ Director's Duly Authorized Designee of \_\_\_\_\_ ("Local Agency").
2. \_\_\_\_\_, the Personal Representative of the Estate of \_\_\_\_\_, deceased, Court File No. \_\_\_\_\_, now pending in District Court, Probate Division, \_\_\_\_\_ Judicial District, has asked the Local Agency to consent to a distribution of property subject to administration by the Estate during the 70 day period after service of a Notice to the Commissioner of Human Services pursuant to Minnesota Statutes section 524.3-801(d)(1).
3. The Local Agency (check and complete one of the following paragraphs):
  - ☐ Consents to the distribution of any and all of the property subject to administration by the Estate during the 70 day period following the service of Notice;
  - ☐ Consents only to the distribution of the following specific property subject to administration by the Estate during the 70 day period following service of the Notice (list each item of personal property and legally describe the real property): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
4. This Consent is subject to the following terms and conditions (check one of the following paragraphs):
  - ☐ This Consent is unconditional.
  - ☐ This Consent is subject to the following terms and conditions (list all): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. This Consent is effective (check one of the following paragraphs):
  - ☐ As of the date this Consent is dated.

☐ As of (specify the date or circumstances upon which this Consent becomes effective): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Check here if all or part of the land is Registered (Torrens) ☐

Dated: \_\_\_\_\_, 20\_\_

| THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS) |  |
|---|--|
| Attorney for _____                              |  |
| Name _____                                      |  |
| Firm _____                                      |  |
| Street _____                                    |  |
| City, State, ZIP _____                          |  |
| Attorney License No: _____                      |  |
| Telephone: _____                                |  |
| FAX: _____                                      |  |
| Email: _____                                    |  |

\_\_\_\_\_  
Name of Local Agency

By \_\_\_\_\_  
(Director/Director's Designee)

**Note:** This instrument is recordable without an acknowledgment pursuant to Minn. Stat. § 524.3-801(d)(6)