

**NOTICE TO THE COMMISSIONER OF HUMAN  
SERVICES REGARDING POSSIBLE CLAIMS  
(UNDER MINN. STAT. 246.53, 256.15, 256D.13 OR  
261.04)**

Minn. Stat. 524.3-801

Minnesota Uniform Conveyancing Blanks  
P093/Form 70.3.1 (2014)

**STATE OF MINNESOTA**

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

**DISTRICT COURT  
PROBATE DIVISION  
JUDICIAL DISTRICT**

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

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

**NOTICE TO COMMISSIONER OF HUMAN  
SERVICES REGARDING POSSIBLE CLAIMS  
UNDER MINN. STAT. §§ 246.53, 256B.15, 256D.16  
OR 261.04**

**TO THE COMMISSIONER OF HUMAN SERVICES:**

- Attached and served upon you pursuant to Minnesota Statutes section 524.3-801(d), is a copy of the \_\_\_\_\_ (title of document) and Notice to Creditors which has been or will be published according to law in the above referenced matter.

(Instructions: Include all aliases and former names of the decedent and spouse(s) in paragraphs 2 and 3 and attach a copy of the Notice to Creditors).

2. Decedent's Name

Date of Birth

Social Security Number

3. Decedent was married to the following spouse(s) who predeceased decedent:

Spouse(s)'s Name

Date of Birth

Social Security Number

4. Following a reasonably diligent inquiry, I:

have determined the decedent had no predeceased spouse(s).

Cannot determine the following for the predeceased spouse(s) named below:

Predeceased spouse(s) name \_\_\_\_\_

full name

former name

aliases

date of birth

Social Security number

have determined this paragraph does not apply.

5. This Notice is given pursuant to Minnesota Statutes section 524.3-801(d) in case the decedent or a predeceased spouse of decedent might have received assistance for which a claim could be filed under one or more of the following Minnesota Statutes sections 246.53, 256B.15, 256D.16 or 261.04.

Dated: \_\_\_\_\_

Personal Representative

Attorney for Personal Representative  
Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Attorney License No: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

This Form Cannot Be Recorded Independently. It Must Be Attached To Affidavit Of Service Of Notice To The  
Commissioner Of Human Resources (Form P-094/70.3.4)