

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

Minnesota Uniform Conveyancing Blanks
P093/Form 70.3.1 (2014)

Minn. Stat. 524.3-801

STATE OF MINNESOTA

**DISTRICT COURT
PROBATE DIVISION
JUDICIAL DISTRICT**

COUNTY OF _____

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:

1. 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)