

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

Minnesota Uniform Conveyancing Blanks
P094/Form 70.3.4 (2011)

Minn. Stat. 524.3-801(d)

STATE OF MINNESOTA

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

COUNTY OF _____

Court File No. _____

Estate of _____,

Decedent

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

STATE OF MINNESOTA

COUNTY OF _____

} ss.

_____, being first duly sworn,
on oath, says that on _____ (date), the attorney for the personal representative served a copy
of the attached Notice, a copy of which is attached, upon the Commissioner of Human Services by mailing it in
a sealed envelope, postage prepaid by depositing the same with the U.S. Postal Service, addressed to:
**Commissioner of Human Services, Attention: Special Recovery Unit/Estate Notice, P.O. Box 64995, St.
Paul, Minnesota 55164-0995.**

The real property affected by the Notice is located in _____ County, Minnesota, and is
legally described as follows: _____

_____.

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

**NOTE: Attach Notice to Commissioner of Human Services Regarding Possible Claims (Form No.
70.3.1)**

Dated: _____

Affiant

<p>THIS INSTRUMENT DRAFTED BY:</p> <p>Attorney for Applicant 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>NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK): _____</p> <p>Subscribed and sworn to before me on _____ (date).</p> <p>Signature of Notary Public or Other Official _____</p>
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