

**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**  
Minn. Stat. 524.3-801(d)

Minnesota Uniform Conveyancing Blanks  
P094/Form 70.3.4 (2011)

**STATE OF MINNESOTA**  
**COUNTY OF** \_\_\_\_\_

**JUDICIAL DISTRICT**  
**DISTRICT COURT**  
**PROBATE DIVISION**

**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</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>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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