

**AMENDMENT TO NOTICE TO  
COMMISSIONER OF HUMAN SERVICES  
REGARDING POSSIBLE CLAIMS UNDER  
MINN. STAT. §§ 246.53, 256B.25, 256D.16 OR  
261.04 PRIOR TO CLOSING OF ESTATE**  
Minn. Stat. 524.3-801(d)(3)

Minnesota Uniform Conveyancing Blanks  
P095/Form 70.3.2 (2008)

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

Decedent

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COMMISSIONER OF HUMAN SERVICES  
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MINN. STAT. §§ 246.53, 256B.25, 256D.16 OR  
261.04 PRIOR TO CLOSING OF ESTATE**

**TO THE COMMISSIONER OF HUMAN SERVICES:**

Decedent's Full Name

Date of Birth

2. The estate served the Commissioner of Human Services with the notice regarding possible claims ("Notice to the Commissioner").
3. No order or decree under Minnesota Statutes sections 524.3-1001 or 524.3-1002 has been entered in this estate and no closing statement under section 524.3-1003 has been filed in this estate.
4. The estate's Notice to Commissioner is amended as follows (check and complete all applicable paragraphs; if paragraph C is checked, supply all items of information for each omitted spouse):

☐ A. Decedent:

Variations/Other Names

Omitted/Corrected  
Date of Birth

☐ B. Predeceased spouse named in notice:

Spouse's Name

Variations/  
Other Names

Omitted/Corrected  
Date of Birth

☐ C. Predeceased spouse not named in notice:

Name (include all aliases, former names)

Date of Birth

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

\_\_\_\_\_  
Signature

Attorney for \_\_\_\_\_  
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 Amendment to Notice  
To The Commissioner Of Human Resources (Form 70.3.5)