

**AFFIDAVIT OF SERVICE OF AMENDMENT  
TO NOTICE TO COMMISSIONER OF HUMAN  
SERVICES REGARDING POSSIBLE CLAIMS  
UNDER MINN. STAT. §§ 246.53, 256B.15,  
256D.16 OR 261.04 PRIOR TO CLOSING OF  
ESTATE  
Minn. Stat. 524.3-801(d)**

Minnesota Uniform Conveyancing Blanks  
P096/Form 70.3.5 (2011)

**STATE OF MINNESOTA**

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

**JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION**

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

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

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

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

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ss.

\_\_\_\_\_, being first duly sworn, on oath, says that my personal knowledge on \_\_\_\_\_ (date), the personal representative or the attorney for the personal representative served and Amendment to 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 or all of land is Registered (Torrens)

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

Affiant

**NOTE:** Attach Amendment to Notice to Commissioner

Attorney for Applicant Name _____ Firm _____ Street _____ City, State, ZIP _____ Attorney License No: _____ Telephone: _____ FAX: _____ Email: _____	NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK):  Subscribed and sworn to before me on _____ (date).  Signature of Notary Public or Other Official
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