

**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**

Minnesota Uniform Conveyancing Blanks
P096/Form 70.3.5 (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 AMENDMENT TO
NOTICE TO COMMISSIONER OF HUMAN
SERVICES REGARDING POSSIBLE CLAIMS
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OR 261.04 PRIOR TO CLOSING OF ESTATE**

STATE OF MINNESOTA

COUNTY OF _____

} 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 of all of land is Registered (Torrens)

Dated: _____

Affiant

NOTE: Attach Amendment to Notice to Commissioner

| | |
|---|---|
| <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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