

**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 AFTER CLOSING OF
ESTATE
Minn. Stat. 524.3-801(d)**

Minnesota Uniform Conveyancing Blanks
P098/Form 70.3.6 (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 AFTER CLOSING OF ESTATE**

STATE OF MINNESOTA
COUNTY OF _____

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ss.

_____, being first duly sworn, on oath, states that to my personal knowledge on _____ (date), the personal representative or the attorney for the personal representative served an 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

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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