

**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

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
UNDER MINN. STAT. §§ 246.53, 256B.15, 256D.16
OR 261.04 AFTER CLOSING OF ESTATE**

STATE OF MINNESOTA

COUNTY OF _____

} 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

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