

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**PETITION FOR FORMAL PROBATE OF WILL
PREVIOUSLY PROBATED INFORMALLY AND
FOR FORMAL APPOINTMENT OF PERSONAL
REPRESENTATIVE**

I, _____, state:

1. My address is: _____.
2. I am an interested person as defined by Minnesota law because I am: _____.
3. On _____, the Registrar of this County informally
☐ probated Decedent's Will.
☐ appointed _____ as Personal Representative
based on an application signed by _____ ("Application").
4. Decedent was born on _____, at (city, state) _____.
5. Decedent died on _____, at (city, state) _____
and no more than 3 years (except as permitted by Minnesota Statutes section 524.3-108) have elapsed since
Decedent's death.
6. Decedent at the time of death resided in _____ County, State of
_____ at (address): _____.
7. The names and addresses of Decedent's spouse, children, heirs, devisees and other persons interested in this
proceeding so far as known or ascertainable with reasonable diligence by the Petitioner are:

Name and Mailing Address	Familial Relationship AND Legal Interest (List all)	Birthdate Of Minors
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(Attach separate schedule, if necessary)

8. Negative Allegation Statement (*see* MINN. GEN. R. PRAC. 409(a)):

☐ Only the Spouse Survive Decedent

Decedent left no surviving descendants (including adopted descendants); and was not in the process of adopting an individual at the time of the decedent's death.

☐ Only children Survived Decedent

The Decedent left surviving no spouse; no children, (including adopted children), other than herein named; and no descendants of any deceased children.

☐ Spouse and Children Survived Decedent

The Decedent left surviving no children (including adopted children), other than herein named and no descendants of any deceased children; and was not in the process of adopting an individual at the time of the decedent's death.

☐ Only Brothers or Sisters Survived Decedent

The Decedent left surviving no spouse; descendants; parents; brothers or sisters other than herein named; and no descendants of deceased brothers or sisters.

☐ Only First Cousins Survived Decedent

The Decedent left surviving no spouse; descendants; parents; brothers or sisters or descendants thereof, grandparents; aunts or uncles; and no first cousins other than herein named.

9. All persons identified as heirs have survived the Decedent by at least 120 hours, except for: _____.

10. (Check appropriate boxes):

☐ Decedent left no surviving spouse.

☐ Decedent left no surviving descendants.

☐ All descendants of Decedent are descendants of Decedent's surviving spouse.

☐ There are descendants of the Decedent that are not descendants of the surviving spouse.

☐ There are descendants of the surviving spouse who are not descendants of the Decedent.

11. Venue for this proceeding is in this County of the State of Minnesota because:

☐ The Decedent was domiciled in this County at the time of death, and was the owner of property located in the State of Minnesota.

or

☐ Though not domiciled in the State of Minnesota, the Decedent was the owner of property located in this County at the time of death.

12. I estimate the Decedent's assets and indebtedness are as follows: (Complete all blanks, even if zero)

Probate Assets

Homestead \$ _____
Other Real Estate \$ _____
Cash \$ _____
Securities \$ _____
Other \$ _____

Non-Probate Assets

Joint Tenancy \$ _____
Insurance \$ _____
Other \$ _____

Approximate Indebtedness \$ _____

13. There is no Personal Representative of the Decedent appointed in Minnesota or elsewhere whose appointment has not been terminated except:

14. ☐ I have not received a demand for notice and am not aware of any demand for notice of any probate or appointment proceeding concerning the Decedent that may have been filed in Minnesota or elsewhere.

or

☐ Proper notice has been given to those persons who have filed a demand for notice.

15. Decedent's Will is comprised of the following:

☐ Last Will dated _____.

☐ Codicil() dated _____.

☐ Separate writing() under Minnesota Statutes section 524.2-513 dated _____.

☐ The Will refers to a separate writing but none has been found.

16. To the best of my knowledge and belief, the Will has been validly executed.

17. Having conducted a reasonably diligent search, I am unaware of any instrument revoking the Will or of any other unrevoked testamentary instrument.

18. The documents comprising the Will have been probated informally.

19. The Will nominates _____ as Personal Representative.

☐ The nominated Personal Representative is willing to serve and is not disqualified.

or

☐ The nominated Personal Representative is unable or has declined to serve, and _____ has priority under Minnesota Statutes section 524.3-203 to serve as Personal Representative because _____.

20. The Will specifies: ☐ no bond ☐ minimum bond ☐ \$ _____ bond ☐ bond not specified.

21. The Will specifies: ☐ informal/unsupervised administration ☐ formal/supervised administration
☐ formal/unsupervised ☐ administration not specified.

WHEREFORE, I request the Court fix a time and place for a hearing on this Petition and enter an order formally:

1. Finding the Decedent is dead;
2. Finding venue is proper;
3. Finding the proceeding was commenced within the time limitations prescribed by Minnesota law;
4. Determining Decedent's domicile at death;
5. Determining Decedent's heirs;
6. Determining Decedent's testacy status;
7. Determining the Will is valid and unrevoked and should be probated;

8. Determining _____ is entitled to appointment as Personal Representative and should be appointed;
9. Appointing _____ as Personal Representative with _____ bond, in ☐ an unsupervised ☐ a supervised administration;
10. Authorizing issuance of Letters Testamentary upon qualification and acceptance; and
11. Granting such other relief as may be proper.

I declare under penalty of perjury that everything I have stated in this document is true and correct.
MINN. STAT. § 358.116.

Dated: _____

Petitioner

Attorney for Petitioner

Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____