

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

Estate of

\_\_\_\_\_,  
Decedent

**STATEMENT OF CONTENTS OF LOST,  
DESTROYED, OR OTHERWISE  
UNAVAILABLE WILL**

I, \_\_\_\_\_, the Declarant, state:

1. The original signed Will of the Decedent, dated \_\_\_\_\_, is unavailable because it is:

- ☐ lost.  
☐ destroyed.  
☐ other.

2. (Check appropriate box)

- ☐ A true and correct copy of the Will is attached.  
or  
☐ The Will contained the following terms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

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