

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

Estate of \_\_\_\_\_,  
Decedent

APPLICATION FOR INFORMAL  
APPOINTMENT OF SPECIAL  
ADMINISTRATOR

I, \_\_\_\_\_, state:

1. My address is: \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I am: \_\_\_\_\_.
3. Decedent was born on \_\_\_\_\_, at (city, state) \_\_\_\_\_.
4. Decedent died on \_\_\_\_\_, at (city, state) \_\_\_\_\_.
5. Decedent's domicile at the time of death was in \_\_\_\_\_ County, State of \_\_\_\_\_ at (address): \_\_\_\_\_.
6. 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 Applicant are:

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

7. Negative Allegation Statement (*see* MINN. GEN. R. PRAC. 408(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.

8. The Decedent died:

☐ intestate.

or

☐ testate and \_\_\_\_\_ is named as Personal Representative in the Will and is ☐ available and qualified ☐ unavailable to serve as special administrator.

9. There ☐ is ☐ is not pending an application or petition for probate of the Will of the Decedent or appointment of a Personal Representative in this or another court.

10. No Personal Representative has been appointed of this estate, except

\_\_\_\_\_ whose appointment ☐ has ☐ has not been terminated.

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. The appointment of a special administrator is necessary to protect the Estate because: \_\_\_\_\_

14. \_\_\_\_\_ is a proper person to be appointed special administrator.

**WHEREFORE**, I request the Registrar informally:

1. Enter an order appointing \_\_\_\_\_  
as the special administrator of the Estate, with \_\_\_\_\_ bond;
2. Issue letters of special administration to \_\_\_\_\_;  
and
3. Grant such other relief as may be proper.

Under penalties for perjury, I declare or affirm that I have read this document and I know or believe its representations are true and complete.

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

\_\_\_\_\_  
Applicant

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