

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

Estate of

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

**PETITION FOR FORMAL 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 and 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

(Attach separate schedule, if necessary)

7. 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.

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. A Special Administrator is needed because:

No Personal Representative has been appointed in Minnesota or elsewhere.

or

The Personal Representative  has died  is disabled and therefore cannot act.

or

The Personal Representative should not act because: \_\_\_\_\_.

or

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

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. An emergency exists to the extent that the appointment should be made **without** notice because:

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

**WHEREFORE**, I request the Court:

1. Fix a time and place for a hearing of this Petition;
2. Appoint \_\_\_\_\_ as special administrator of the Estate, with \_\_\_\_\_ bond;
3. Authorize issuance of letters of special administration upon qualification and acceptance; and
4. 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: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

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