

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:

_____.

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: _____