

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**ACCEPTANCE OF APPOINTMENT AS SPECIAL
ADMINISTRATOR AND OATH BY INDIVIDUAL**

STATE OF MINNESOTA

COUNTY OF _____

} ss.

I, _____, whose address is

as a condition to receiving letters as Special Administrator in this Estate, (1) accept the duties of the office, (2) agree to be bound by the provisions of the statutes relating to the office, (3) submit to the jurisdiction of the Court in any proceeding relating to the matter that may be instituted by any person interested in this Estate, and (4) swear that I will faithfully perform all duties of the office that I now assume to the best of my ability.

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

Dated: _____

Signature