

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

**Decedent**

**WRITTEN STATEMENT OF CLAIM**

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

1. My address is: \_\_\_\_\_.
2. The Estate is or will become indebted to me in the amount of \$ \_\_\_\_\_.
3. The nature of the claim is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
4. The claim arose ☐ prior to the death of the Decedent on or about \_\_\_\_\_, or ☐ after the death of the Decedent, on or about \_\_\_\_\_.
5. The claim is:  
☐ unsecured, or  
☐ secured by: \_\_\_\_\_  
\_\_\_\_\_.
6. The claim ☐ is ☐ is not based on a contract which makes a provision for interest.
7. The claim was or will be due and payable on \_\_\_\_\_.
8. If the claim is contingent or unliquidated, the nature of the uncertainty is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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: \_\_\_\_\_

\_\_\_\_\_  
Claimant

Attorney for Claimant

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Attorney License No: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

NOTES: Claim may be presented to Personal Representative or filed with Court Administrator.  
Presentation of claim does **not** commence any proceeding. *See* MINN. STAT. § 524.3-806.