

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of

WRITTEN STATEMENT OF CLAIM

Decedent

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

SAMPLE DOCUMENT

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.