

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,

Decedent

NOTICE OF ALLOWANCE OF CLAIM

TO: _____

Your claim in the amount of \$ _____ presented on _____ is allowed.

Dated: _____

Personal Representative

Attorney for Personal Representative

Name _____

Firm _____

Street _____

City, State, ZIP _____

Attorney License No: _____

Telephone: _____

FAX: _____

Email: _____

NOTE: You cannot use this form to allow claims: (1) in excess of \$3,000 for personal services by an individual to the Decedent; (2) by the Personal Representative which arose before Decedent's death; or (3) in which the Personal Representative has an interest in excess of \$3,000. You must follow the procedures in Minnesota Statutes section 524.3-806(b).