

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**CONSENT AND WAIVER OF DEFENSE OF
STATUTE OF LIMITATIONS**

CONSENT

We, the successors to the Estate, consent to waive any defense of limitations as against the claim of _____
in the amount of \$ _____, dated _____.

Signature
Date

Signature
Date

Signature
Date

Signature
Date

WAIVER

I, _____, Personal
Representative of the Estate state:

1. The Estate is solvent.
2. All successors to the Estate consent to this waiver.
3. On behalf of the Estate, I waive any defense of limitations to the claim of _____
as described in the above consent.

Dated: _____

Personal Representative

Attorney for Personal Representative
Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____

SAMPLE DOCUMENT