

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

**CONSENT TO EXTENSION  
OF TIME TO CLAIMANT**

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

1. I am the Personal Representative of the Estate.
2. A claim by \_\_\_\_\_, Claimant, was presented on \_\_\_\_\_.
3. A notice of disallowance of the claim was mailed to Claimant on \_\_\_\_\_.
4. The claim is not presently due or is contingent or unliquidated.
5. I consent to an extension of time until \_\_\_\_\_ to commence a proceeding on the claim or to file a petition for allowance of the claim. This consent shall not extend any other applicable statute of limitations.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative

Attorney for Personal Representative

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

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

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

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

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

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