

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

**CLAIMANT'S PETITION FOR ALLOWANCE OF  
CLAIM PREVIOUSLY DISALLOWED**

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

1. My address is: \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I have a claim against the Estate.
3. (Check the appropriate box)  
 On \_\_\_\_\_, I delivered or mailed a written statement of claim to the Personal Representative. A copy of the claim is attached to this Petition.  
 On \_\_\_\_\_, I filed a written statement of claim with the Court Administrator of this Court.
4. A notice of disallowance of the claim was mailed on \_\_\_\_\_, which is not more than 2 months prior to the date this Petition is filed.
5. The claim is proper and should be allowed because: \_\_\_\_\_.

**WHEREFORE**, I request the Court:

1. Fix a time and place for a hearing on this Petition;
2. Enter an Order allowing the claim; and
3. Grant such other relief as may be proper.

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: _____

**SAMPLE DOCUMENT**