

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

**PERSONAL REPRESENTATIVE'S PETITION  
FOR LATE DISALLOWANCE OF CLAIM**

I, \_\_\_\_\_, Personal Representative of the Estate, state:

1. \_\_\_\_\_, Claimant, presented a written statement of claim on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. ("Claim"). The Claim has been filed with the Court or a copy of the Claim accompanies this Petition.
2. The claim should be disallowed because: \_\_\_\_\_.
3. No notice of disallowance was mailed to claimant within two months after the time for original presentation of the Claim had expired.
4. Payment of the Claim has not been made.

**WHEREFORE**, I request the Court:

1. Fix a time and place for a hearing on this Petition;
2. Enter an Order formally disallowing 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: \_\_\_\_\_

Personal Representative

Attorney for Personal Representative

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

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

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

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

FAX:	_____
Email:	_____

**SAMPLE**  
**DOCUMENT**