

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**PETITION FOR ORDER DIRECTING
PERSONAL REPRESENTATIVE TO PAY CLAIM**

I, _____, Claimant, state:

1. My address is: _____.
2. I have a valid claim against the Decedent.
3. On _____, the four months' statutory period from the date of the first publication of notice to creditors of the Estate expired and the one month period from the date of service on all known and identified creditors has expired. The claim has been allowed but remains unpaid. A Written Statement of Claim has been filed with the Court or a copy of the Written Statement of Claim accompanies this Petition.
4. The Personal Representative should pay my claim, to the extent that funds of the Estate are available.

WHEREFORE, I request the Court:

1. Fix a time and place for a hearing on this Petition;
2. Enter an Order formally directing the Personal Representative to pay my claim for \$ _____, with interest as allowed by law; 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