

STATE OF MINNESOTA

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

JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE DIVISION

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

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

**PETITION TO FORMALLY PROBATE WILL  
PREVIOUSLY PROBATED INFORMALLY,  
CONFIRM APPOINTMENT AND ACTS OF  
PERSONAL REPRESENTATIVE PREVIOUSLY  
APPOINTED INFORMALLY, ALLOW FINAL  
ACCOUNT, SETTLE AND DISTRIBUTE ESTATE**

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

1. My address is: \_\_\_\_\_.
2. I am an interested person as defined by Minnesota law because I am: \_\_\_\_\_.
3. Decedent was born on \_\_\_\_\_, at (city, state) \_\_\_\_\_.
4. Decedent died on \_\_\_\_\_, at (city, state) \_\_\_\_\_.
5. Decedent's domicile at the time of death was in \_\_\_\_\_ County, State of \_\_\_\_\_ at (address): \_\_\_\_\_.
6. The names and addresses of Decedent's spouse, children, heirs, devisees and other persons interested in this proceeding so far as known or ascertainable with reasonable diligence by the Petitioner are:

Name and  
Mailing Address

Familial Relationship AND  
Legal Interest (List all)

Birthdate  
Of Minors

(Attach separate schedule, if necessary)

7. Negative Allegation Statement (*see* MINN. GEN. R. PRAC. 409(a)):

Only the Spouse Survive Decedent

Decedent left no surviving descendants (including adopted descendants); and was not in the process of adopting an individual at the time of the decedent's death.

Only children Survived Decedent

The Decedent left surviving no spouse; no children, (including adopted children), other than herein named; and no descendants of any deceased children.

Spouse and Children Survived Decedent

The Decedent left surviving no children (including adopted children), other than herein named and no descendants of any deceased children; and was not in the process of adopting an individual at the time of the decedent's death.

Only Brothers or Sisters Survived Decedent

The Decedent left surviving no spouse; descendants; parents; brothers or sisters other than herein named; and no descendants of deceased brothers or sisters.

Only First Cousins Survived Decedent

The Decedent left surviving no spouse; descendants; parents; brothers or sisters or descendants thereof, grandparents; aunts or uncles; and no first cousins other than herein named.

8. All persons identified as heirs have survived the Decedent by at least 120 hours, except for: \_\_\_\_\_.

9. (Check appropriate boxes):

Decedent left no surviving spouse.

Decedent left no surviving descendants.

All descendants of Decedent are descendants of Decedent's surviving spouse.

There are descendants of the Decedent that are not descendants of the surviving spouse.

There are descendants of the surviving spouse who are not descendants of the Decedent.

10. Venue for this proceeding is in this County of the State of Minnesota because:

The Decedent was domiciled in this County at the time of death and was the owner of property located in the State of Minnesota.

or

Though not domiciled in the State of Minnesota, the Decedent was the owner of property located in this County at the time of death.

11. \_\_\_\_\_ was informally appointed the Personal Representative in this Court by the Registrar on \_\_\_\_\_. No other Personal Representative of the Decedent has been appointed in this state or elsewhere whose appointment has not been terminated.

12.  I have not received a demand for notice and am not aware of any demand for notice of any probate or appointment proceeding concerning the Decedent that may have been filed in Minnesota or elsewhere.

or

Proper notice has been given to those persons who have filed a demand for notice.

13. Decedent's Will is comprised of the following:

Last Will dated \_\_\_\_\_.

Codicil( ) dated \_\_\_\_\_.

Separate writing( ) under Minnesota Statutes section 524.2-513 dated \_\_\_\_\_.

The Will refers to a separate writing but none has been found.

14. The documents comprising the Will were previously informally probated.

15. To the best of my knowledge and belief, the Will has been validly executed.
16. Having conducted a reasonably diligent search, I am unaware of any instrument revoking the Will or any other unrevoked testamentary instrument.
17. The Estate of the Decedent has been fully administered and all expenses, debts, valid charges and claims allowed have been fully paid, except (if none, so state): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

18. The time for presenting claims that arose prior to the death of the Decedent has expired.
19. A final account is filed and presented for consideration and approval.
20. The property on hand for distribution is as reflected in the final account and should be distributed to the following named persons in the following named proportions or parts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**WHEREFORE**, I request the Court fix a time and place for a hearing on this Petition, and enter an order formally:

1. Finding that venue is proper;
2. Determining testacy as it affects any previously omitted or unnotified persons and other interested parties, if any, and confirming any previous order of testacy as it affects all interested persons;
3. Determining Decedent's heirs;
4. Probating Decedent's Will, previously probated informally;
5. Construing Decedent's Will;
6. Confirming the previous informal appointment and the acts of the Personal Representative as shown on the Final Account and this Petition;
7. Allowing the Final Account;
8. Determining the persons entitled to distribution of the Estate and their respective interests;
9. Approving settlement of the Estate and
  - Issuing a decree of distribution assigning the Estate to the persons entitled to the Estate.  
or
  - Directing or approving the distribution of the Estate by the Personal Representative to the persons entitled to the Estate; and
10. Granting 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 correct.

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

Petitioner

Attorney for Petitioner

Name \_\_\_\_\_

Firm \_\_\_\_\_

Street \_\_\_\_\_

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

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

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

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

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