

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

**SMALL ESTATE:
CLOSING BY SWORN STATEMENT
OF PERSONAL REPRESENTATIVE**

I, _____, state:

1. My address is: _____.
2. I am the Personal Representative of this Estate.
3. The Estate has been administered under the summary procedure of Minnesota Statutes section 524.3-1203. The Estate is not subject to supervised administration, nor does any order of the court prohibit summary closing of this Estate.
4. To the best of my knowledge, the entire Estate, less liens and encumbrances, did not exceed:
 - (i) an exempt homestead as provided for in section 524.2-402,
 - (ii) the allowances provided for in sections 524.2-403 and 524.2-404, and
 - (iii) costs and expenses of administration, reasonable funeral expenses, and reasonable and necessary medical and hospital expenses of the last illness of the Decedent.
5. I have fully administered the Estate by distributing it to the persons entitled to the Estate.
6. I have sent a copy of this Closing Statement to all distributees of the Estate and to all creditors or other claimants of whom I was aware whose claims are neither paid nor barred and have furnished a full account in writing of my administration to the distributees whose interests are affected.

I declare under penalty of perjury that everything I have stated in this document is true and correct. MINN. STAT. § 358.116.

Dated: _____

Personal Representative

Attorney for Personal Representative
Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____

SAMPLE DOCUMENT