

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,

Decedent

PETITION FOR FORMAL SUMMARY
ASSIGNMENT OR DISTRIBUTION ☐ AND
FORMAL PROBATE OF WILL
(☐ NON-EXEMPT ESTATE ☐ EXEMPT 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 decedent was not absent from the homestead for more than 6 months or that the decedent had filed a notice of intent to return to homestead.
7. 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)

8. 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.

9. All persons identified as heirs have survived the Decedent by at least 120 hours, except for: _____.

10. (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.

11. 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.

12. (Check appropriate boxes)

☐ Testate

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.

The Will is in the possession of the Court or accompanies this Petition.

- ☐ Intestate – Having conducted a reasonably diligent search, I am unaware of any testamentary instrument under Minnesota law and believe that the Decedent died leaving no Will.

13. No Personal Representative of the Decedent has been appointed in Minnesota or elsewhere whose appointment has not been terminated.

14. ☐ 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.

15. Decedent, at the time of death, was the owner of certain property described and valued at date of death (“Property”) as follows:

SAMPLE DOCUMENT

INSTRUCTIONS for Schedule A:

1. Use legal description. If urban property show street address. If rural property show acreage.
2. Contract for Deed: If Decedent owned the vendor's/seller's interest describe the land on Schedule A, value it at zero and show the remaining contract balance on Schedule B. If Decedent owned the vendee's/buyer's interest, describe the property on Schedule A and value it at its fair market value.

SAMPLE
DOCUMENT

SCHEDULE A – Real Estate

Item Number	Description of Property (specify liens, if any)	County Assessor's Market Value	Fair Market Value
1	Homestead in the County of _____, Minnesota _____ _____ _____ _____ _____ _____	\$ _____	\$ _____
2	Other Real Estate: _____ _____ _____ _____ _____ _____	\$ _____	\$ _____
	TOTAL		\$ _____

SCHEDULE B – Personal Property

Item Number	Description of Property (Fully describe, specify liens, if any. DO NOT list any account numbers or personal identifiers as per Rule 11 of the Minnesota General Rules of Practice)	Fair Market Value
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1		\$
2		\$
3		\$
TOTAL		\$

16. ☐ Decedent's spouse is
☐ Decedent's minor child(ren) is/ are
☐ After payment of claims provided for under Minnesota Statutes section 524.2-403(f), Decedent's adult child(ren) is/are

entitled to the following allowances provided for by Minnesota Statutes section 524.2-403 and 524.2-404:

Household goods	\$	
Wearing apparel	\$	
Other personal property	\$	
Automobile (see MINN. STAT. § 524.2-403(a)(2))	\$	
Maintenance at \$ _____ per month for _____ months	\$	
TOTAL	\$	

17. _____ is entitled to reimbursement
for the following:

Expenses of Administration:

Court Filing Fee	\$	
Publication Fees	\$	
Appraiser Fees	\$	
Attorney Fees	\$	
Copy & Recording Fees	\$	
Other (Explain)	\$	

Total
\$ _____

Funeral Expenses:

Funeral \$ _____
Cemetery \$ _____
Other \$ _____

Total
\$ _____

Expenses of Last Illness:

Hospital \$ _____
Physician \$ _____
Medicine \$ _____
Other \$ _____

Total
\$ _____

Debts Having Preference Under
the Laws of the United States:

_____ \$ _____
_____ \$ _____

Total
\$ _____

Taxes:

_____ \$ _____
_____ \$ _____

Total
\$ _____

Other Debts Paid:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Total
\$ _____

TOTAL \$ _____

18. ☐ Other debts of Decedent remaining unpaid in the amount of \$ _____ are listed on
Schedule C attached to this Petition.
or
☐ There are no other debts of Decedent remaining unpaid.

19. There is no unsatisfied claim against Decedent's Estate for state hospital care or medical assistance benefits described in Minnesota Statutes section 524.2-402(c).

20. (Check appropriate box):

- ☐ There is no need for the appointment of a Personal Representative.
☐ There is a need for an appointment of a Personal Representative because: _____.

21. Decedent's Estate consists solely of the Property described in this Petition. It should be summarily assigned or distributed to the persons entitled to the Property because: (check all that apply)

- ☐ The Decedent had no probate estate.
☐ All property has been destroyed, abandoned, lost, or rendered valueless, and no recovery has been or can be had for it.
☐ There is no property except property recovered for death by wrongful act.
☐ All property is exempt from all debts and charges.
☐ There is no property except property that may be appropriated for the payment of the property selection under Minnesota Statutes section 524.2-403 and the allowances to the spouse and children under section 524.2-404.
☐ There is no property except property that may be appropriated for the payment of the expenses and claims provided for in Minnesota Statutes section 524.3-805(a), clauses (1) to (6), inclusive.
☐ The total value of all Property, other than Decedent's exempt homestead, is \$150,000 or less and there are no unpaid debts of Decedent.

WHEREFORE, I request the Court:

1. Fix a time and place for a hearing on this Petition;
2. ☐ (Check if applicable) Enter an Order probating the Decedent's Will;
3. Determine the amount of a bond, if any, required by Minnesota Statutes section 524.3-1203, subdivisions 4 or 5;
4. ☐ (Check if applicable) Appoint _____ as Personal Representative of the Estate with _____ bond, in ☐ an unsupervised ☐ a supervised administration;
5. ☐ (Check if applicable) Authorize issuance of letters testamentary or letters of general administration upon qualification and acceptance;
6. Enter its decree summarily assigning and distributing the Property to all persons entitled to the Property according to law;
7. Approve the reimbursements due under paragraph 17, the allowances and maintenances provided for under paragraph 16, and the proposed payments for unpaid claims as provided in Schedule C; and
8. Grant such other and further 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: _____

Petitioner

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

NOTE: Before using a Summary Procedure in a NON-EXEMPT estate, review Minnesota Statutes section 524.3-1203. Practitioners should also consider whether procedures under Minnesota Statutes section 524.3-1201 would be available and preferable when the estate is exempt and under \$50,000.

NOTE: If formal probate of Will is not desired, modify the title.

**SCHEDULE C – Unpaid Classes of Claims under
Minnesota Statutes section 524.3-805(a)(1)-(6)**

List **in order of preference** the name and address of each creditor, the amount of each unpaid bill or expense, the applicable subsection of section 524.3-805(a), and the proposed payment.

Minnesota Statutes section 524.3-805(a):

- (1) Costs and expenses of administration
- (2) Funeral expenses
- (3) Debts and taxes with preference under federal law
- (4) Medical expenses of the last illness
- (5) Medical expenses of the last year
- (6) Debts and taxes with preference under state law

Creditor name & address	Amount of bill	Statute subsection	Proposed payment
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