

STATE OF MINNESOTA

COUNTY OF _____

JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

Court File No. _____

Estate of _____,
Decedent

APPLICATION FOR INFORMAL
APPOINTMENT OF PERSONAL
REPRESENTATIVE
(INTESTATE ANCILLARY PROCEEDING)

I, _____, state: _____

1. My address is: _____.

2. I am an interested person as defined by Minnesota law because:

I have been appointed Personal Representative of Decedent's Estate by a court or registrar in the Decedent's domicile.

or

Other: _____

_____.

3. Decedent was born on _____, at (city, state) _____.

4. Decedent died on _____, at (city, state) _____
and at least 120 hours have elapsed since Decedent's death.

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, and other persons interested in this proceeding so far as known or ascertainable with reasonable diligence by the Applicant 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. 408(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, 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. 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.

12. I estimate the Decedent's assets in Minnesota and indebtedness are as follows: (Complete all blanks, even if zero)

Assets in Minnesota

Real Estate	\$ _____
Personal Property	\$ _____
Nonprobate Assets	\$ _____

**Approximate
Indebtedness**

Domiciliary State	\$ _____
Minnesota	\$ _____

13. 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.

14. No Will of the Decedent was presented to the domiciliary court described in Paragraph 16.

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

16. _____ was appointed Personal Representative by _____ Court of _____ County, _____, the county and state of Decedent's domicile, by an Order or Statement dated _____, in File No. _____. An authenticated copy of the Order or Statement accompanies this Application. The appointment of _____:
 has not been terminated.
or
 has been terminated because: _____.

17. The person having priority to serve as Personal Representative in Minnesota is _____ because:

Such person is the Domiciliary Personal Representative.
 Such person has been nominated by the Domiciliary Personal Representative.
 Such person is the nominee of all the heirs.
 Other: _____

_____.

WHEREFORE, I request the Registrar informally:

1. Enter an order appointing _____ as the Ancillary Personal Representative of the Estate, with _____ bond, in an unsupervised administration;
2. Issue ancillary letters of general administration to _____; 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: _____

Applicant

Attorney for Applicant

Name _____

Firm _____

Street _____

City, State, ZIP _____

Attorney License No: _____

Telephone: _____

FAX: _____

Email: _____

SAMPLE DOCUMENT