

STATE OF MINNESOTA
COUNTY OF _____

____ JUDICIAL DISTRICT
DISTRICT COURT
PROBATE DIVISION

In the Matter of the Trust Created under Article ____ of
the Last Will of _____.

Court File No. _____

ALTERNATIVE FOR INTER VIVOS TRUSTS:
In the Matter of the Trust Created under Agreement By
and Between _____, Settlor, and _____,
Trustee, dated _____.

**PETITION TO TERMINATE TRUST
AND DISCHARGE TRUSTEE
WITHOUT APPROVAL OF FINAL ACCOUNT**

I, _____, state:

1. The Trust instrument consists of:

- the Last Will of _____, dated _____.
or
 an agreement by and between _____, Settlor, and _____, Trustee, dated
_____.

A true and correct copy of the instrument is on file with this Court and is made a part of this Petition.

2. I am the Trustee of the Trust. My appointment was by:

- being named as Trustee in the Last Will of _____, dated _____.
or
 being named as Trustee in an agreement by and between _____, Settlor, and _____ and
_____, Trustee, dated _____.
or
 being named as a successor or additional Trustee by _____ who had authority to
appoint successor or additional Trustees under the terms of the Trust.
or
 being appointed by the Court.

3. My appointment as Trustee was

- not confirmed by the Court.
or
 confirmed by an order of this Court pursuant to Minn. Stat. § 501.33, § 501B.22, § 501C.0202, which
is on file with the Court;

and

- released by an Order of the Court dated _____ pursuant to Minn. Stat. §§ 501.351, 501B.19 or
501C.0202.

4. Jurisdiction. The Court has jurisdiction in this matter (Select one):

- in rem jurisdiction.
- in personam jurisdiction.

5. Venue in this county is proper because (Select appropriate boxes):

- The Will was admitted for probate in this County.
- Trustee _____, who has custody of part or all of the Trust assets, resides or has a trust office in this County.
- The Trust's principal place of administration is or will be located upon approval by this Court in this County.
- Trust assets include real estate which is located in this County.
- There has been a prior court proceeding in this Court.
- Other: _____.

6. This Petition is brought pursuant to Minn. Stat. § 501C.0202(20).

7. The Trust should be terminated because:

8. [SEE APPENDIX FOR SELECTED PARAGRAPHS ON TERMINATION OF TRUST]

9. The Trustee has not filed trust accounts in this Court and is not seeking Court approval of trust accounts.

10. [SEE APPENDIX FOR SELECTED PARAGRAPHS FOR TRUSTEE COMPENSATION]

11. I request an Order of this Court approving payment from the Trust of reasonable attorneys' fees and expenses incurred in connection with this proceeding.

12. I request an Order of this Court terminating the Trust and discharging _____, as Trustee, from any and all liability in connection with the distribution and termination of the Trust with such termination.

13. The only persons in being known to the Petitioners as having or who may claim to have an interest in the Trust are:

(List of Trustees and Qualified Beneficiaries)

None of these persons is under any legal disability, except those designated as minors, and during the past ninety (90) days, none of these persons has served in the military service of the United States of America or if a beneficiary has served in the military service the Trustees will obtain and file with the Court an appearance and waiver for such beneficiary.

14. I request that the Court represent the interested parties who are minors, incapacitated, and those who are unborn, unascertained or unknown pursuant to Minn. Stat. § 501C.0305.

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

1. [See Appendix for Optional Relief Paragraphs]

2. Discharging _____, as Trustee, from any further duties as Trustee of the Trust any and all liability in

connection with the distribution and termination of the Trust with such termination being effective upon the filing of this Court's Order.

3. Approving payment from the Trust reasonable attorneys' fees and expenses incurred in connection with this proceeding;
4. Approving payment from the Trust the Trustee's reasonable compensation; and
5. 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 complete.

Dated: _____

Trustee

Attorney for Trustee
Name
Address
City, State ZIP
Telephone: FAX:
Attorney License No.:

NOTE: Attach Acknowledgement. See form T-068.

NOTE: If more than one petitioner, add signature lines for all petitioners, or submit joinder petition (see T-065).