

(Top 3 inches reserved for recording data)

NOTICE TO THE COMMISSIONER OF HUMAN SERVICES
REGARDING POSSIBLE CLAIMS (UNDER
MINN. STAT. 246.53, 256B.15, 256D.16 or 261.04)
Minn. Stat. 524.3-801

Minnesota Uniform Conveyancing Blanks
Form 70.3.1 (2014)

State of Minnesota
County of _____

DISTRICT COURT
PROBATE DIVISION

_____ Judicial District
Court File Number _____

In Re: Estate of _____
(Deceased)

NOTICE TO THE COMMISSIONER OF HUMAN SERVICES
REGARDING POSSIBLE CLAIMS UNDER MINN. STAT. 246.53,
256B.15, 256D.16 OR 261.04

TO THE COMMISSIONER OF HUMAN SERVICES:

1. Attached and served upon you pursuant to Minn. Stat. 524.3-801(d) is a copy of the _____
(insert title of document)

and Notice to Creditors which has been or will be published according to law in the above referenced matter.

(INSTRUCTIONS: Include the full name, all aliases and former names of the decedent and predeceased spouse(s) in paragraphs 2 and 3 and attach copy of Notice to Creditors.)

2. Decedent's Full Name(s) Date of Birth Social Security Number

3. Predeceased Spouse(s) Name(s) Date of Birth Social Security Number

Note: This form cannot be recorded independently. It must be attached to an Affidavit of Service of
Notice to the Commissioner of Human Services Regarding Possible Claims (Form No. 70.3.4)

4. Following a reasonably diligent inquiry, I:

- have determined the decedent had no predeceased spouse(s).
- cannot determine the following for the predeceased spouse(s) named below:
 Predeceased spouse(s) name _____
 - full name
 - former names
 - aliases
 - date of birth
 - Social Security number
- have determined this paragraph does not apply.

5. This notice is given pursuant to Minn. Stat. 524.3-801(d) in case the decedent or a predeceased spouse of decedent might have received assistance for which a claim could be filed under one or more of the following Minnesota Statutes: 246.53, 256B.15, 256D.16 or 261.04.

DATE: _____
(month/day/year)

(Personal Representative or Attorney for Personal Representative)

ATTORNEY for Personal Representative

Name: _____

Address: _____

Attorney License No.: _____

Telephone: _____

FAX: _____