

(Top 3 inches reserved for recording data)

**AFFIDAVIT OF SERVICE OF 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(d)**

**Minnesota Uniform Conveyancing Blanks  
Form 70.3.4 (2011)**

State of Minnesota  
County of \_\_\_\_\_

DISTRICT COURT  
PROBATE DIVISION  
\_\_\_\_\_  
JUDICIAL DISTRICT  
COURT FILE NUMBER \_\_\_\_\_

In Re: Estate of \_\_\_\_\_  
(Deceased)

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

State of Minnesota, County of \_\_\_\_\_

\_\_\_\_\_  
("Affiant"),  
being first duly sworn, on oath, states that to my personal knowledge, on \_\_\_\_\_ the personal representative or  
(insert month/day/year of mailing)  
the attorney for the personal representative served a Notice, a copy of which is attached, upon the Commissioner of Human Services by  
mailing it in a sealed envelope, postage prepaid by depositing the same with the United States Postal Service, addressed to: **Commissioner  
of Human Services, Attention: Special Recovery Unit/Estate Notice, P.O. Box 64995, St. Paul, Minnesota, 55164-0995.**

The real property affected by the Notice is located in \_\_\_\_\_ County, Minnesota, and is legally described  
as follows:

Check here if all or part of the described real property is Registered (Torrens)

**Note: Attach a copy of the Notice to the Commissioner of Human Services Regarding Possible Claims (Form No. 70.3.1)**



Affiant

*(signature)*

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_  
(month/day/year) (insert name of Affiant)

(Stamp)

*(signature of notarial officer)*

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:  
(insert name and address)

