

(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)

