(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)