State of Minnesota	District Court		
County of	Probate Division Judicial District:		
	Court File No		
	Case Type: 14, Conservatorship		
In Re: Conservatorship of			
	AFFIDAVIT IN SUPPORT OF PETITION TO		
Protected Person	SELL REAL PROPERTY		
STATE OF MINNESOTA)			
)ss. (COUNTY OF)			
COUNTY OF)			
The undersigned,	, being first duly sworn under oath,		
hereby states and alleges as follows:			
1. That affiant is the duly app	pointed conservator of the estate of above-referenced		
protected person, appointed on	·		
2. That the conservator has be	een and will be responsible for the administration of the		
conservatorship.			
3. That during the time the co	onservator has been involved in the administration of the		
conservatorship, the conservator has h	and an opportunity to review the assets and outstanding		
bills, has visited the protected person,	and has secured and protected the house located at		
4. That the protected person of	currently resides at		
5. That the income of the con	servatorship consists of in the amount of		
\$ per month and income from	n in the amount of \$ per		
month and from in the ar	mount of \$ per month.		

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6.	That	the assets of the cons	servatorship consist of a	an interest in the	County			
real estate	with a	nn assessed market va	alue of \$, and the personal propert	ty as			
listed in the inventory of the conservator in the amount of \$								
7.	7. That the real estate taxes, utilities, and insurance expenses in connection with the							
properties	are in	excess of \$	per year.					
8.	3. That the homestead should be sold for the following reasons:							
	a.	a. The property is earning no income;						
	b. The protected person is not in need of the house for the protected person's residence;							
	c. The protected person is not able to return to independent living;							
	d.	d. By selling the property the conservator would increase the income of the conservatorship;						
	e.	e. The Department of Economic Assistance requires the property to be sold in order for the conservatee to be eligible for Medical Assistance benefits; and						
	f. It is in the best interest of the protected person.							
			FURTHER YOUR AF	FIANT SAYETH NOT.				
Dated:			Petitioner / Affiant					
Sworn/affin	rmed b	efore me on						
-	_	outy Court Administrator expires:	_					
			Addrage:	attorney:	- -			
			City/State/Zip:		_			

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