

Transfer entered on

\_\_\_\_\_, 20\_\_\_\_

County Auditor \_\_\_\_\_

By \_\_\_\_\_  
Deputy

(reserved for recording data)

**AFFIDAVIT OF IDENTITY AND SURVIVORSHIP**

Decedent \_\_\_\_\_

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_ } ss.

I, \_\_\_\_\_, state:

1. I reside at \_\_\_\_\_.

2. The Decedent is the person named in the certified copy of Certificate of Death attached to this affidavit.

3. The name of the survivor owner is: \_\_\_\_\_.

4. At death, the Decedent was an owner as ☐ joint tenant ☐ life tenant of real property in \_\_\_\_\_  
County, Minnesota, legally described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ as shown by an instrument recorded as Document No.: \_\_\_\_\_☐ as shown on Certificate of Title No. \_\_\_\_\_, filed with the Registrar of Titles of  
\_\_\_\_\_ County, Minnesota.

Dated: \_\_\_\_\_

Affiant \_\_\_\_\_

Notary Stamp or Seal (or other Title or Rank)

Signed and sworn (or affirmed) before me on \_\_\_\_\_  
\_\_\_\_\_, (date) by  
\_\_\_\_\_, Affiant.

\_\_\_\_\_  
Signature of Notary Public or Other Official

## THIS INSTRUMENT DRAFTED BY:

Attorney for \_\_\_\_\_  
Name \_\_\_\_\_  
Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Attorney License No: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

Statements for real estate taxes on the real property  
should be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_