

(Top 3 inches reserved for recording data)

AFFIDAVIT OF IDENTITY AND SURVIVORSHIP

**Minnesota Uniform Conveyancing Blanks
Form 50.2.2 (2011)**

State of Minnesota, County of _____ Name of Decedent: _____

I, _____
(insert name and address of affiant)

being first duly sworn, on oath state from personal knowledge:

1. That Decedent is the person named in the certified copy of the Certificate of Death attached hereto and made a part hereof.
2. That the name(s) of the survivor(s) is/are: _____

3. That on the date of death, Decedent was an owner as a joint tenant/life tenant of the land legally described as follows:

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

as shown by instrument recorded on _____, as Document Number _____ (or in Book _____
(month/day/year)
of _____ Page _____), in the Office of the County Recorder Registrar of Titles of _____
(check the applicable boxes)
County, Minnesota. (If filed with the Registrar of Titles, insert the Certificate of Title number _____.)

Affiant

(signature)

Signed and sworn to before me on _____, by _____
(month/day/year)

(insert name of person making statement)

_____.

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

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

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS
INSTRUMENT SHOULD BE SENT TO:
(insert name and address of person to whom tax statements should be sent)