

CHAPTER 2820
DEPARTMENT OF COMMERCE
FORMS FOR CONVEYANCES OF REAL ESTATE

2820 0201	FORM NO 1-M INDIVIDUAL TO INDIVIDUAL	2820 4095	FORM NO 32-1/2-M WELL DISCLOSURE OF GRANTEE IN DEED PURSUANT TO CONTRACT FOR DEED
2820 0301	FORM NO 2-M EXCEPT ASSESSMENTS, INDIVIDUAL TO INDIVIDUAL	2820 5060	FORM NO 95-M AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04 AFTER CLOSING OF ESTATE
2820 0401	FORM NO 3-M INDIVIDUALS TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY	2820 5070	FORM NO 96-M AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04 PRIOR TO CLOSING OF ESTATE
2820 0501	FORM NO 4-M EXCEPT ASSESSMENTS, INDIVIDUAL TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY	2820 5080	FORM NO 98-M AFFIDAVIT OF SERVICE OF NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04
2820 0601	FORM NO 5-M INDIVIDUAL TO JOINT TENANTS	2820 5090	FORM NO 99-M NOTICE TO COMMISSIONER REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04
2820 0701	FORM NO 6-M EXCEPT ASSESSMENTS, INDIVIDUAL TO JOINT TENANTS	2820 5201	FORM NO 116-M AFFIDAVIT REGARDING SELLER(S)
2820 0801	FORM NO 7-M CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO INDIVIDUAL	2820 6010	FORM NO 136-M AFFIDAVIT OF IDENTITY
2820 0901	FORM NO 8-M EXCEPT ASSESSMENTS, CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO INDIVIDUAL	2820 6020	FORM NO 95-1/2-M AMENDMENT TO NOTICE TO COMMISSIONER REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04 AFTER CLOSING OF ESTATE
2820 1001	FORM NO 9-M CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY	2820 6092	FORM NO 96-1/2-M AMENDMENT TO NOTICE TO COMMISSIONER REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246 53, 256B 15, 256D 16, OR 261 04, PRIOR TO CLOSING OF ESTATE
2820 1101	FORM NO 10-M EXCEPT ASSESSMENTS, CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY	2820 6094	FORM NO 97-M CERTIFICATE OF CONSENT TO AN EARLY DISTRIBUTION OF ASSETS PURSUANT TO MINNESOTA STATUTES, SECTION 524 3-801(d)(6)
2820 1201	FORM NO 11-M CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO JOINT TENANTS		
2820 1301	FORM NO 12-M EXCEPT ASSESSMENTS, CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO JOINT TENANTS		
2820 2754	FORM 40 3-M AFFIDAVIT OF TRUSTEE		
2820 4030	FORM 131-M CERTIFICATE OF RELEASE OF MORTGAGE BY TITLE INSURANCE COMPANY OR ITS AGENT		

2820.0200 [Repealed, 23 SR 348]

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.0201

2820.0201 FORM NO. 1-M: INDIVIDUAL TO INDIVIDUAL.

Subpart 1 Recommended form. The recommended form for a warranty deed, individual(s) to individual(s) is contained in subpart 2

Subp 2 Contents.

WARRANTY DEED Form No 1-M Minnesota Uniform Conveyancing Blanks (6/17/97)
Individual(s) to Individual(s)
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No (Date) County Auditor by Deputy DEED TAX DUE \$ Date (reserved for recording data)

FOR VALUABLE CONSIDERATION, hereby conveys and warrants to Grantor, hereby conveys and warrants to Grantee, real property in County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions

- Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

STATE OF MINNESOTA
COUNTY OF

This instrument was acknowledged before me on by

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR NAME)
THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL
Check here if part or all of the land is Registered (Torrens)
Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14 386, 507 09
History: 23 SR 348
2820.0300 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.0301 FORM NO. 2-M: EXCEPT ASSESSMENTS, INDIVIDUAL TO INDIVIDUAL.

Subpart 1 Recommended form. The recommended form for a warranty deed, except assessments, individual(s) to individual(s), is contained in subpart 2

Subp 2. Contents.

WARRANTY DEED Except Assessments **Form No 2-M** Minnesota Uniform Conveyancing Blanks (6/1/79)
 individual(s) to individual(s)

No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No _____ _____ (Date) _____ County Auditor by _____ _____ Deputy	(reserved for recording data)
DEED TAX DUE \$ _____ Date _____	

FOR VALUABLE CONSIDERATION, _____, Grantor,
 hereby conveys and warrants to _____, Grantee,
 real property in _____ County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions the hen of all unpaid special assessments and interest thereon,

- Check box if applicable
- The Seller certifies that the Seller does not know of any wells on the described real property
 - A well disclosure certificate accompanies this document
 - I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

STATE OF MINNESOTA }
 COUNTY OF _____ } ss

This instrument was acknowledged before me on _____, 20____,
 by _____

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)
THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL _____
 Check here if part or all of the land is Registered (Torrens)
 Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14.386; 507.09

History: 23 SR 348

2820.0400 [Repealed, 23 SR 348]

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.0401

2820.0401 FORM NO. 3-M: INDIVIDUALS TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY.

Subpart 1. Recommended form. The recommended form for a warranty deed, individual(s) to corporation, partnership, or limited liability company is contained in subpart 2.

Subp 2. Contents.

WARRANTY DEED Form No 3-M Minnesota Uniform Conveyancing Blanks (6/17/97)
Individual(s) to Corporation Partnership or Limited Liability Company
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required
Certificate of Real Estate Value No (Date)
County Auditor
by Deputy
DEED TAX DUE \$
Date
(reserved for recording data)
FOR VALUABLE CONSIDERATION, Grantor, hereby conveys and warrants to (marital status), Grantee, a under the laws of, real property in County, Minnesota, described as follows
together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions
Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate
STATE OF MINNESOTA }
COUNTY OF } ss
This instrument was acknowledged before me on by
NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)
SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL
Check here if part or all of the land is Registered (Torrens)
Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14 386; 507.09

History: 23 SR 348

2820.0500 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.0501 FORMS FOR CONVEYANCES OF REAL ESTATE

2820.0501 FORM NO. 4-M: EXCEPT ASSESSMENTS, INDIVIDUAL TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY.

Subpart 1. Recommended form. The recommended form for a warranty deed, except assessments, individual(s) to corporation, partnership, or limited liability company is contained in subpart 2.

Subp 2 Contents.

<p><small>WARRANTY DEED Except Assessments Individual(s) to Corporation Partnership or Limited Liability Company</small></p> <p>Form No 4-M <small>Minnesota Uniform Conveyancing Blanks (6/17/97)</small></p> <p>No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No _____ _____ (Date) _____ County Auditor by _____ Deputy</p> <p>DEED TAX DUE \$ _____ Date _____</p>	<p>(reserved for recording data)</p>
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FOR VALUABLE CONSIDERATION, _____, Grantor,
hereby conveys and warrants to _____, Grantee,
a _____ under the laws of _____,
real property in _____ County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions the hen of all unpaid special assessments and interest thereon,

- Check box if applicable
- The Seller certifies that the Seller does not know of any wells on the described real property
 - A well disclosure certificate accompanies this document
 - I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

STATE OF MINNESOTA }
COUNTY OF _____ } ss

This instrument was acknowledged before me on _____
by _____

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

Check here if part or all of the land is Registered (Torrens)

Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Statutory Authority: MS s 14 386, 507 09

History: 23 SR 348

2820.0600 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

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FORMS FOR CONVEYANCES OF REAL ESTATE 2820.0601

2820.0601 FORM NO. 5-M: INDIVIDUAL TO JOINT TENANTS.

Subpart 1 Recommended form. The recommended form for a warranty deed, individual(s) to joint tenants is contained in subpart 2

Subp 2 Contents.

<p>WARRANTY DEED Individual(s) to Joint Tenants</p> <p>No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No _____ (Date) _____ County Auditor _____ by _____ Deputy _____</p> <p>DEED TAX DUE \$ _____ Date _____</p>	<p>Form No 5-M Minnesota Uniform Conveyancing Blanks (6/1/97)</p> <p style="text-align: center;">(reserved for recording data)</p>
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FOR VALUABLE CONSIDERATION, _____, Grantor,
hereby conveys and warrants to _____, Grantees, as joint
tenants, real property in _____ County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions

- Check box if applicable
- The Seller certifies that the Seller does not know of any wells on the described real property
 - A well disclosure certificate accompanies this document
 - I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

STATE OF MINNESOTA }
COUNTY OF _____ } ss

This instrument was acknowledged before me on _____ (Date)
by _____

<p>NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)</p> <p>THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)</p>	<p>SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL</p> <p>Check here if part or all of the land is Registered (Torrens) <input type="checkbox"/></p> <p>Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)</p>
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Statutory Authority: *MS s 14 386, 507 09*
History: *23 SR 348*
2820.0700 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.0701 FORMS FOR CONVEYANCES OF REAL ESTATE

2820.0701 FORM NO. 6-M: EXCEPT ASSESSMENTS, INDIVIDUAL TO JOINT TENANTS.

Subpart 1 Recommended form. The recommended form for a warranty deed, except assessments, individual(s) to joint tenants is contained in subpart 2

Subp. 2 Contents.

WARRANTY DEED Except Assessments **Form No 6-M** Minnesota Uniform Conveyancing Blanks (6/17/87)
 Individual(s) to Joint Tenants

No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No _____ _____ (Date) _____ County Auditor by _____ _____ Deputy	(reserved for recording data)
DEED TAX DUE \$ _____ Date _____	

FOR VALUABLE CONSIDERATION, _____, Grantor,
 hereby conveys and warrants to _____, Grantees, as joint
 tenants, real property in _____ County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions the lien of all unpaid special assessments and interest thereon,

- Check box if applicable
- The Seller certifies that the Seller does not know of any wells on the described real property
 - A well disclosure certificate accompanies this document
 - I am familiar with the property described in this instrument and I certify that the statue and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

STATE OF MINNESOTA }
 COUNTY OF _____ } ss

This instrument was acknowledged before me on _____
 by _____

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Check here if part or all of the land is Registered (Torrrens)
 Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14.386, 507.09
 History: 23 SR 348

2820.0800 [Repealed, 23-SR 348]

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.0801

2820.0801 FORM NO. 7-M: CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO INDIVIDUAL.

Subpart 1 Recommended form. The recommended form for a warranty deed, corporation, partnership, or liability company to individual(s) is contained in subpart 2
Subp 2 Contents.

WARRANTY DEED Form No 7-M Minnesota Uniform Conveyancing Blanks (6/17/97)
Corporation Partnership or Limited Liability Company to Individual(s)
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required
Certificate of Real Estate Value No (Date)
County Auditor
by Deputy
DEED TAX DUE \$
Date
(reserved for recording data)

FOR VALUABLE CONSIDERATION,
, R
under the laws of
, Grantor, hereby conveys and warrants to
, Grantee,
real property in County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions

- Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

By
Its
By
Its

STATE OF MINNESOTA
COUNTY OF

This instrument was acknowledged before me on
by and
the and
of a
under the laws of, on behalf of the

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RATIO)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Check here if part or all of the land is Registered (Torrens)
Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14 386; 507.09

History: 23 SR 348

2820.0900 [Repealed, 23 SR 348]

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.1001

2820.1001 FORM NO. 9-M: CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY.

Subpart 1 Recommended form. The recommended form for a warranty deed, corporation, partnership, or limited liability company to corporation, partnership, or limited liability company is contained in subpart 2

Subp 2 Contents.

WARRANTY DEED Form No 9-M Minnesota Uniform Conveyancing Blanks (6/17/97)
Corporation Partnership or Limited Liability Company to Corporation Partnership or Limited Liability Company
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No (Date)
County Auditor by Deputy
DEED TAX DUE \$
Date
(reserved for recording data)

FOR VALUABLE CONSIDERATION, a Grantor, hereby conveys and warrants to, Grantee, a real property in County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions

- Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

By Its
By Its

STATE OF MINNESOTA
COUNTY OF

This instrument was acknowledged before me on by and of, a under the laws of, on behalf of the

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR BANK)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

Check here if part or all of the land is Registered (Torrens) []

Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14 386, 507.09

History: 23 SR 348

2820.1100 [Repealed, 23 SR 348]

2820.1101 FORM NO. 10-M: EXCEPT ASSESSMENTS, CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY.

Subpart 1 **Recommended form.** The recommended form for a warranty deed, except assessments, corporation, partnership, or limited liability company to corporation, partnership, or limited liability company is contained in subpart 2

Subp 2 Contents.

<p><small>WARRANTY DEED Except Assessments</small></p> <p><small>Corporation Partnership or Limited Liability Company to Corporation Partnership or Limited Liability Company</small></p> <p>No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No _____ (Date) _____</p> <p style="text-align: right;">County Auditor</p> <p>by _____ Deputy</p> <p>DEED TAX DUE \$ _____</p> <p>Date _____</p> <p>FOR VALUABLE CONSIDERATION, _____, a _____ under the laws of _____, Grantor, hereby conveys and warrants to _____, Grantee, a _____ under the laws of _____, real property in _____ County, Minnesota, described as follows</p> <p>_____</p> <p>_____</p> <p>together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions the lien of all unpaid special assessments and interest thereon,</p> <p>_____</p> <p>_____</p> <p>Check box if applicable</p> <p><input type="checkbox"/> The Seller certifies that the Seller does not know of any wells on the described real property</p> <p><input type="checkbox"/> A well disclosure certificate accompanies this document</p> <p><input type="checkbox"/> I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate</p> <p>By _____ Its _____</p> <p>By _____ Its _____</p> <p>STATE OF MINNESOTA } COUNTY OF _____ } ss</p> <p>This instrument was acknowledged before me on _____ (Date) _____ by _____ and _____ the _____ and _____ of _____, a _____ under the laws of _____, on behalf of the _____</p> <p style="text-align: center;"><small>NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR BANK)</small></p> <p style="text-align: center;"><small>THIS INSTRUMENT WAS DRAFTED BY ONAMS & ADDRESS:</small></p>	<p style="text-align: right;"><small>Form No 10 M</small></p> <p style="text-align: right;"><small>Minnesota Uniform Conveyance Blanks (6/17/97)</small></p> <div style="border: 1px solid black; height: 150px; margin: 10px 0;"></div> <p style="text-align: right;">(reserved for recording data)</p> <p style="text-align: center;">SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL</p> <p>Check here if part or all of the land is Registered (Torrens) <input type="checkbox"/></p> <p><small>Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)</small></p>
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Statutory Authority: *MS s 14 386, 507 09*

History: *23 SR 348*

2820.1200 [Repealed, 23 SR 348]

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.1201

2820.1201 FORM NO. 11-M: CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO JOINT TENANTS.

Subpart 1. Recommended form. The recommended form for a warranty deed, corporation, partnership, or limited liability company to joint tenants is contained in subpart 2
Subp. 2 Contents.

WARRANTY DEED Form No. 11-M Minnesota Uniform Conveyancing Blanks (6/17/97)
Corporation Partnership or Limited Liability Company to Joint Tenants
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required Certificate of Real Estate Value No (Date) County Auditor by Deputy
DEED TAX DUE \$ Date (reserved for recording data)

FOR VALUABLE CONSIDERATION, a Grantor, hereby conveys and warrants to Grantees, as joint tenants, real property in County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions

- Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

By Its By Its

STATE OF MINNESOTA } ss.
COUNTY OF

This instrument was acknowledged before me on (Date) by the of under the laws of , on behalf of the

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RING)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

Check here if part or all of the land is Registered (Torrens) []

Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Statutory Authority: MS s 14 386, 507 09
History: 23 SR 348
2820.1300 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.1301 FORM NO. 12-M: EXCEPT ASSESSMENTS, CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY TO JOINT TENANTS.

Subpart 1. Recommended form. The recommended form for a warranty deed, except assessments, corporation, partnership, or limited liability company to joint tenants is contained in subpart 2

Subp 2 Contents.

WARRANTY DEED Except Assessments Form No 12-M Minnesota Uniform Conveyancing Blanks (6/17/97)

Corporation Partnership or Limited Liability Company to Joint Tenants
No delinquent taxes and transfer entered, Certificate of Real Estate Value () filed () not required
Certificate of Real Estate Value No (Date)
County Auditor
by Deputy

(reserved for recording data)

DEED TAX DUB \$
Date

FOR VALUABLE CONSIDERATION, a under the laws of Grantor, hereby conveys and warrants to Grantees, as joint tenants, real property in County, Minnesota, described as follows

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions the lien of all unpaid special assessments and interest thereon,

Check box if applicable
The Seller certifies that the Seller does not know of any wells on the described real property
A well disclosure certificate accompanies this document
I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

By Its
By Its

STATE OF MINNESOTA } as
COUNTY OF }

This instrument was acknowledged before me on by and the and of a under the laws of , on behalf of the

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RING)
THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL
Check here if part or all of the land is Registered (Torrens)
Tax Statements for the real property described in this instrument should be sent to (include name and address of Grantee)

Statutory Authority: MS s 14 386; 507.09
History: 23 SR 348

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.2754

2820.2754 FORM 40.3-M: AFFIDAVIT OF TRUSTEE.

Subpart 1 Recommended form. The recommended form for an affidavit of trustee is contained in subpart 2a

Subp 2. [Repealed, 23 SR 348]

Subp 2a. Contents.

Affidavit of Trustee Form No. 40.3-M Minnesota Uniform Conveyancing Blanks (12/97)
AFFIDAVIT OF TRUSTEE
STATE OF MINNESOTA
COUNTY OF _____ } est
(reserved for recording data)

- 1 Affiant is a Trustee named in (check one) [] the Certificate of Trust dated _____ or [] the Trust Instrument dated _____ and filed for record _____ as Document No _____ (or in Book _____ of _____, page _____) in the office of the (County Recorder) (Registrar of Titles) of _____ County, Minnesota, regarding the Trust named _____, which Certificate of Trust or Trust Instrument was executed by Affiant, another Trustee or the Grantor of the Trust and which relates to real property in _____ County, Minnesota, legally described as follows
2 The name and address of each Trustee empowered to act under the Trust Instrument at the time of the execution of this Affidavit is
3 The Trustee(s) who have executed that certain instrument, relating to the real property described above, between _____ as Trustee(s), and _____ dated _____
(a) are empowered by the provisions of the Trust Instrument to sell, convey, pledge, mortgage, lease, or transfer title to any interest in real property held in trust, and
(b) are the requisite number of Trustee(s) required by the provisions of the Trust Instrument to execute and deliver such an instrument
4 The Trust [] has not terminated or been revoked (check one) [] has terminated or been revoked, but the execution and delivery of the instrument described in paragraph 3 were made pursuant to the provisions of the Trust Instrument prior to its termination or revocation
5 There has been no amendment to the Trust Instrument which limits the power of Trustee(s) to execute and deliver the instrument described in paragraph 3
6 The Trust [] is not supervised by any Court (check one) [] is supervised by the _____ Court of _____ County, _____, and all necessary approval has been obtained from the Court for the Trustee(s) to execute and deliver the instrument described in paragraph 3
7 Affiant does not have actual knowledge of any facts indicating the Trust is invalid

Subscribed and sworn to before me on

(Date)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Notary Public signature and stamp area

Statutory Authority: MS s 14 386, 507 09

History: 23 SR 348

MINNESOTA RULES 1998

2820.4030 FORM 131-M: CERTIFICATE OF RELEASE OF MORTGAGE BY TITLE INSURANCE COMPANY OR ITS AGENT.

Subpart 1 Recommended form. The recommended form for a certificate of release of mortgage by title insurance company or its agent is contained in subpart 3

Subp 2 [Repealed, 23 SR 348]

Subp 3 Contents.

Certificate of Release under Minn. Stat. §507.401

Form No. 131-M

Minnesota Uniform Conveyancing Blanks (1997)

CERTIFICATE OF RELEASE OF MORTGAGE BY TITLE INSURANCE COMPANY OR ITS AGENT

(reserved for recording data)

Date

(Title Insurance Company or its Agent)

under the laws of, hereby certifies the following

- (1) Name of Mortgagor(s)
Name of Original Mortgagee
Name of Mortgage servicer (if applicable)
The mortgage being released hereby was dated
(2) The mortgage was in the original principal amount of \$500,000.00 or less
(3) The person executing the certificate of release is an officer or a duly appointed agent of a title insurance company authorized and licensed to transact the business of insuring titles to interests in real property in this state pursuant to Chapter 68A.
(4) The certificate of release is made on behalf of the mortgagor or a person who acquired title from the mortgagor to all or a part of the property described in the mortgage
(5) The mortgagee or mortgage servicer provided a payoff statement which was used to make payment in full of the unpaid balance of the loan secured by the mortgage
(6) Payment in full of the unpaid balance of the loan secured by the mortgage was made in accordance with the written or verbal payoff statement
(7) (Complete if by agent) Appointment of agent filed for record as Document No

STATE OF MINNESOTA
COUNTY OF

The foregoing instrument was acknowledged before me on
by
the
of
on behalf of the

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

(Name of Title Insurance Company or its Agent)
By
Its
By
Its
Check here if part or all of the land is Registered (Torrens)
SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL
NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

Statutory Authority: MS s 14.386, 507 09
History: 23 SR 348

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.4095

**2820.4095 FORM NO. 32-1/2-M: WELL DISCLOSURE OF GRANTEE IN DEED
 PURSUANT TO CONTRACT FOR DEED.**

Subpart 1 **Recommended form.** The recommended form for a well disclosure of grantee in deed pursuant to contract for deed is contained in subpart 2.

Subp 2 **Contents.**

Well Disclosure of Grantee in Deed
 Pursuant to Contract for Deed

Form No. 32^{1/2}-M

Minnesota Uniform Conveyancing Blanks (6/17/97)

**WELL DISCLOSURE OF GRANTEE IN DEED
 PURSUANT TO CONTRACT FOR DEED**

Check one

- The Grantee certifies that the Grantee does not know of any wells on the described real property
- A well disclosure certificate accompanies this document
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate

This form cannot be recorded independently. It must be attached to a deed given pursuant to a contract for deed.

Statutory Authority: *MS s 14.386; 507.09*

History: *23 SR 348*

MINNESOTA RULES 1998

2820.5060 FORM NO. 95-M: AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246.53, 256B.15, 256D.16, OR 261.04 AFTER CLOSING OF ESTATE.

Subpart 1 Recommended form. The recommended form for an affidavit of service of amendment to notice to the commissioner of human services regarding possible claims under Minnesota Statutes, section 246.53, 256B 15, 256D 16 or 261 04, after closing of estate is contained in subpart 2

Subp. 2. Contents.

Minn Stat § 524 3-901(d)(4) Form No. 95-M Minnesota Uniform Conveyancing Blanks (12/97)

STATE OF MINNESOTA
COUNTY OF _____

DISTRICT COURT
PROBATE DIVISION
JUDICIAL DISTRICT

Court File No _____

In Re Estate of _____

Deceased

AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINN. STAT. §§ 246.53, 256B.15, 256D.16 OR 261.04 AFTER CLOSING OF ESTATE

(reserved for recording data)

STATE OF MINNESOTA

COUNTY OF _____ } ss

being first duly sworn, on oath, says I have personal knowledge of the facts stated in this affidavit and on _____, at _____, I served a copy of the attached

Amendment to Notice 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, 444 Lafayette Road, St. Paul, Minnesota, 55155-3863

The real property affected by the Notice is located in _____ County, Minnesota, and is legally described as follows

Check here if part or all of the land is Registered (Torrens) []

Dated _____

Affiant

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Subscribed and sworn to before me on

(Date)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR MARK)

(NOTE Attach Amendment to Notice to Commissioner)

Statutory Authority: MS s 14 386, 507 09

History: 23 SR 348

MINNESOTA RULES 1998

2820.5070 FORM NO. 96-M: AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246.53, 256B.15, 256D.16, OR 261.04 PRIOR TO CLOSING OF ESTATE.

Subpart 1. Recommended form. The recommended form for an affidavit of service of amendment to notice to the commissioner of human services regarding possible claims under Minnesota Statutes, section 246 53, 256B 15, 256D 16 or 261 04 prior to closing of estate is contained in subpart 2

Subp. 2 Contents.

Minn Stat § 524 3-801(d)(3)

Form No. 96-M

Minnesota Uniform Conveyancing Blanks (12/97)

STATE OF MINNESOTA
COUNTY OF _____

DISTRICT COURT
PROBATE DIVISION
JUDICIAL DISTRICT

Court File No _____

In Re Estate of

Deceased

AFFIDAVIT OF SERVICE OF AMENDMENT TO NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINN. STAT §§ 246.53, 256B.15, 256D.16 OR 261 04 PRIOR TO CLOSING OF ESTATE

(reserved for recording data)

STATE OF MINNESOTA

COUNTY OF _____ } ss

_____, being first duly sworn, on oath, says I am the Personal Representative or Attorney for the Personal Representative or I have personal knowledge of the facts stated in this affidavit and on _____, at _____ (Date)

_____, I served a copy of the attached Amendment to Notice 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, 444 Lafayette Road, St. Paul, Minnesota, 55155-3863.

The real property affected by the Notice is located in _____ County, Minnesota, and is legally described as follows

Check here if part or all of the land is Registered (Torrens)

Dated _____

Affiant

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Subscribed and sworn to before me on

(Date)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

(NOTE Attach Amendment to Notice to Commissioner)

Statutory Authority: MS s 14.386, 507.09

History: 23 SR 348

MINNESOTA RULES 1998

2820.5080 FORMS FOR CONVEYANCES OF REAL ESTATE

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2820.5080 FORM NO. 98-M: AFFIDAVIT OF SERVICE OF NOTICE TO THE COMMISSIONER OF HUMAN SERVICES REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246.53, 256B.15, 256D.16, OR 261.04.

Subpart 1 Recommended form. The recommended form for an affidavit of service of notice to the commissioner of human services regarding possible claims under Minnesota Statutes, section 246 53, 256B 15, 256D 16, or 261 04 is contained in subpart 2

Subp 2. Contents.

<p>Minn Stat § 524 3-801</p> <p>STATE OF MINNESOTA COUNTY OF _____</p> <p style="text-align: center;">DISTRICT COURT PROBATE DIVISION JUDICIAL DISTRICT</p> <p>Court File No _____</p> <p>In Re Estate of _____</p> <p style="text-align: center;">Deceased</p> <p>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</p>	<p style="text-align: center;">Form No. 98-M</p> <p style="text-align: right;"><small>Minnesota Uniform Conveyancing Blanks (12/97)</small></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p style="text-align: center;">(reserved for recording data)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STATE OF MINNESOTA }
COUNTY OF _____ } ss

_____, being first duly sworn, on oath, says I am the Personal Representative or the Attorney for the Personal Representative and on _____, at _____, I served a copy of the attached Notice 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, 444 Lafayette Road, St Paul, Minnesota, 55155-3863.**

The real property affected by the Notice is located in _____ County, Minnesota, and is legally described as follows

Check here if part or all of the land is Registered (Torrens)

Dated _____ Affiant _____

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS):

Subscribed and sworn to before me on _____ (Date)

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL, (OR OTHER TITLE OR RANK)

(NOTE Attach to Notice to Commissioner)

Statutory Authority: MS s 14 386; 507 09

History: 23 SR 348

MINNESOTA RULES 1998

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FORMS FOR CONVEYANCES OF REAL ESTATE 2820.5090

2820.5090 FORM NO. 99-M: NOTICE TO COMMISSIONER REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246.53, 256B.15, 256D.16, OR 261.04.

Subpart 1 **Recommended form.** The recommended form for a notice to commissioner regarding possible claims under Minnesota Statutes, section 246.53, 256B 15, 256D.16, or 261.04 is contained in subpart 2

Subp 2 Contents.

Minn Stat § 524 3-801 **Form No 99-M** Minnesota Uniform Conveyancing Blanks (12/97)

STATE OF MINNESOTA
COUNTY OF _____

DISTRICT COURT
PROBATE DIVISION
JUDICIAL DISTRICT

Court File No _____

In Re Estate of _____

**NOTICE TO COMMISSIONER REGARDING
POSSIBLE CLAIMS UNDER MINN. STAT. §§ 246.53,
256B.15, 256D.16 OR 261 04**

Deceased

TO THE COMMISSIONER OF HUMAN SERVICES

- 1 Attached and served upon you pursuant to Minn Stat § 524 3-801(d), is a copy of the _____ (title of document) and Notice to Creditors which has been or will be published according to law in the above referenced matter

(INSTRUCTIONS Include the full name, all aliases and former names of the decedent and spouse(s) in paragraphs 2 and 3 and attach copy of Notice to Creditors)

2 Decedent's Name(s) Date of Birth Social Security Number

3 Spouse(s) Name(s) Date of Birth Social Security Number

- 4 Following a reasonably diligent inquiry, I
 have determined the decedent had no predeceased spouse(s)
 cannot determine the following for the predeceased spouse(s) named below
spouse(s) name _____
 full name
 former names
 aliases
 date of birth
 Social Security number
 have determined this paragraph does not apply

- 5 This notice is given pursuant to Minn Stat § 524 3-801(d), in case the decedent or a predeceased spouse of decedent might have received assistance for which a claim could be filed under one or more of the following Minnesota Statutes §§ 246 53, 256B 15, 256D 16 or 261 04

Dated _____

Personal Representative or Attorney for Personal Representative

Attorney for Personal Representative

Name
Address

Attorney License No
Telephone
Fax

This form cannot be recorded independently It must be attached to Affidavit of Service of Notice to the Commissioner of Human Services (Form No 98-M)

Statutory Authority: *MS s 14 386, 507 09*

History: *23 SR 348*

2820.5200 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.5201 FORM NO. 116-M: AFFIDAVIT REGARDING SELLER(S).

Subpart 1 Recommended form. The recommended form for an affidavit regarding seller(s) is contained in subpart 2.

Subp. 2 Contents.

AFFIDAVIT REGARDING SELLER(S) Form No 116-M Minnesota Uniform Conveyancing Blanks (5/21/97) Individual

STATE OF MINNESOTA } as Affidavit Regarding Seller(s)
COUNTY OF _____ }

being first duly sworn, on oath say(s) that

1 (They are) (___ he is) (___ he knows) _____
the Person(s) named as
in the document dated _____
and filed for record _____, as Document No. _____
(or in Book _____ of _____ Page _____) in the office of the (County
Recorder) (Registrar of Titles) of _____ County, Minnesota

2 Person(s) (is) (are) of legal age and under no legal disability with place of business(es) (respectively) at

and for the last ten years (has) (have) resided at

- 3 There have been no
a Bankruptcy, divorce or dissolution proceedings involving the Person(s) during the time the Person(s) (have) (has) had any interest in the premises described in the above document ("Premises"),
b Unsatisfied judgments of record against the Person(s) nor any actions pending in any courts, which affect the Premises,
c Tax liens against said person(s),
except as herein stated
4 Any bankruptcy, divorce or dissolution proceedings of record against parties with the same or similar names, during the time period in which the above named person(s) (has) (have) had any interest in the Premises, are not against the above named person(s)
5 Any judgments, or tax liens of record against parties with the same or similar names are not against the Person(s)
6 There has been no labor or materials furnished to the Premises for which payment has not been made
7 There are no unrecorded contracts, leases, easements, or other agreements or interests relating to the Premises except as stated herein
8 There are no persons in possession of any portion of the Premises other than pursuant to a recorded document except as stated herein
9 There are no encroachments or boundary line questions affecting the Premises of which Affiant(s) (has) (have) knowledge
10 The Person(s) (has) (have) not received medical assistance from the State of Minnesota or any county medical assistance agency

Affiant(s) know(s) the matters herein stated are true and make(s) this Affidavit for the purpose of inducing the acceptance of title to the Premises

Subscribed and sworn to before me
this _____ day of _____,

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL
NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Statutory Authority: MS s 14 386, 507.09

History: 23 SR 348

MINNESOTA RULES 1998
FORMS FOR CONVEYANCES OF REAL ESTATE 2820.6010

2820.6010 FORM NO. 136-M: AFFIDAVIT OF IDENTITY.

Subpart 1 **Recommended form.** The recommended form for an affidavit of identity is contained in subpart 2

Subp 2. Contents.

<p>AFFIDAVIT OF IDENTITY pursuant to Minn. Stat. 507.29</p>	<p>Form No 136-M</p>	<p>Minnesota Uniform Conveyancing Blanks (6/17/97)</p>
<p>STATE OF MINNESOTA COUNTY OF _____ } ^{ss}</p>	<p>(reserved for recording data)</p>	

_____ (Affiant)
being first duly sworn, on oath says that to my actual and personal knowledge

named as _____ in document dated _____
 and filed for record _____ as Document No _____
 (or in Book _____ of _____ page _____)
 in the office of the County Recorder of _____
 County, Minnesota is the same as _____
 named as _____
 in document dated _____ and filed for record _____
 as Document No _____ (or in the Book _____ of _____
 page _____) in the office of the County Recorder

(Optional) Also, to my actual and personal knowledge

I know the matters herein stated are true and make this Affidavit for the purpose of inducing the acceptance of title to the real property described in the above documents

_____ (Affiant)

Subscribed and sworn to before me
this _____ day of _____, _____

SIGNATURE OF NOTARY PUBLIC OR OTHER OFFICIAL

NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

Statutory Authority: *MS s 14 386, 507 09*

History: *23 SR 348*

MINNESOTA RULES 1998

2820.6020 FORM NO. 95-1/2-M: AMENDMENT TO NOTICE TO COMMISSIONER REGARDING POSSIBLE CLAIMS UNDER MINNESOTA STATUTES, SECTION 246.53, 256B.15, 256D.16, OR 261.04 AFTER CLOSING OF ESTATE.

Subpart 1 Recommended form. The recommended form for an amendment to notice to commissioner regarding possible claims under Minnesota Statutes, section 246 53, 256B 15, 256D 16, or 261 04 after closing of estate is contained in subpart 2

Subp. 2 Contents.

Minn Stat. § 524 3 801(d)(4) Form No. 95 1/2-M Minnesota Uniform Conveyancing Blanks (12/97)

STATE OF MINNESOTA
COUNTY OF

DISTRICT COURT
PROBATE DIVISION
JUDICIAL DISTRICT

Court File No

In Re Estate of

AMENDMENT TO NOTICE TO COMMISSIONER
REGARDING POSSIBLE CLAIMS UNDER MINN.
STAT. §§ 246 53, 256B 15, 256D.16 OR 261.04 AFTER
CLOSING OF ESTATE

Deceased

TO THE COMMISSIONER OF HUMAN SERVICES:

1 Decedent's Full Name Date of Birth Social Security Number

2 The estate served the Commissioner of Human Services with the notice which is being amended on
(Date)

3 An order or decree under Minn Stat §§ 524 3-1001 or 524 3-1002, was entered in this estate, or a closing
statement under Minn Stat § 524 3-1003, was filed in this estate on
(Date)

4 My name is, and I have an interest in the following
described property which was subject to administration by this estate

5 The estate's Notice to the Commissioner is amended as follows (check and complete all applicable paragraphs,
if paragraph C is checked, supply all items of information for each omitted spouse)

A Decedent Omitted/Corrected Omitted/Corrected
Variations/Other Names Date of Birth Social Security Number

B Predeceased spouse named in notice Omitted/Corrected Omitted/Corrected
Spouse's Name Variations/Other Names Date of Birth Social Security Number

C Predeceased spouse not named in notice Omitted/Corrected Omitted/Corrected
Name Date of Birth Social Security Number
(include all aliases, former names)

Dated (Name of Person Filing Amendment)

This form cannot be recorded independently It must be
attached to Affidavit of Service of Amendment to the
Commissioner of Human Services (Form No 95-M)
Address
Telephone

Statutory Authority: MS s 14 386, 507 09

History: 23 SR 348

2820.6040 [Repealed, 23 SR 348]

2820.6050 [Repealed, 23 SR 348]

MINNESOTA RULES 1998

2820.6094 FORM NO. 97-M: CERTIFICATE OF CONSENT TO AN EARLY DISTRIBUTION OF ASSETS PURSUANT TO MINNESOTA STATUTES, SECTION 524.3-801(d)(6).

Subpart 1 **Recommended form.** The recommended form for a certificate of consent to an early distribution of assets pursuant to Minnesota Statutes, section 524.3-801(d)(6), is contained in subpart 2

Subp 2 Contents.

Minn Stat. § 524 3-801 **Form No 97-M** Minnesota Uniform Conveyancing Blanks (12/97)

CERTIFICATE OF CONSENT TO AN EARLY DISTRIBUTION OF ASSETS PURSUANT TO MINN STAT § 524 3-801(d)(6)

(reserved for recording data)

- 1 The undersigned is the (check one) Director or Director's Duly Authorized Designee of _____
(The Local Agency)
- 2 _____, the Personal Representative of the Estate of _____, deceased, Court File No _____, now pending in District Court, Probate Division, _____ Judicial District has asked the Local Agency to consent to a distribution of property subject to administration by the estate during the 70 day period after service of a Notice to the Commissioner of Human Services pursuant to Minn Stat § 524 3-801(d)(1)
- 3 The Local Agency (check and complete one of the following paragraphs)
 - Consents to the distribution of any or all of the property subject to administration by the estate during the 70 day period following service of the Notice,
 - Consents only to the distribution of the following specific property subject to administration by the estate during the 70 day period following service of the Notice (List each item of personal property and legally describe the real property)
- 4 This Consent is subject to the following terms and conditions (check one of the following paragraphs)
 - This Consent is unconditional,
 - This Consent is subject to the following terms and conditions (list all)
- 5 This Consent is effective (check one of the following paragraphs)
 - As of the date this Consent is dated,
 - As of (specify the date or circumstances upon which this Consent becomes effective)

Check here if part or all of the land is Registered (Torrens)

Dated _____ (Date) _____ (Name of Local Agency)

THIS INSTRUMENT WAS DRAFTED BY (NAME & ADDRESS)

By _____ (Director/Director's Designee)

(Note This instrument is recordable without an acknowledgment pursuant to Minn Stat §524 3-801(d)(6))

Statutory Authority: *MS s 14 386, 507 09*

History: *23 SR 348*