

(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)*