

(Top 3 inches reserved for recording data)

**AFFIDAVIT OF IDENTITY
AND SURVIVORSHIP FOR
TRANSFER ON DEATH DEED
Minn. Stat. 507.071**

**Minnesota Uniform Conveyancing Blanks
Form 50.2.3 (2011)**

State of Minnesota, County of _____

_____ (“Affiant”),
being first duly sworn on oath, states that to my personal knowledge:

1. _____ (“Decedent”)
is the person named in the certified copy of the Certificate of Death attached hereto.

2. On the date of death, Decedent was an owner of the real property in _____
County, Minnesota, legally described as follows:

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

and Decedent was the Grantor Owner in a transfer on death deed (“Deed”) recorded on
_____, as Document Number _____
(month/day/year)

(or in Book _____ of _____ Page _____),
in the Office of the County Recorder Registrar of Titles of _____
(check the applicable box)

County, Minnesota. (If recorded with the Registrar of Titles, insert the Certificate of Title number
_____.)

3. The Grantee Beneficiary(ies) named in the Deed who survived the Decedent by 120 hours is(are): _____
(insert names of the Grantee Beneficiary(ies) who survived the Decedent, and if none, insert "NONE")

4. The Grantee Beneficiary(ies) named in the Deed who did not survive the Decedent by 120 hours is(are): _____

(insert names of the Grantee Beneficiary(ies) who did not survive the Decedent, and if none, insert "NONE")
Certified copies of Certificate(s) of Death for any deceased Grantee Beneficiary(ies) is(are) also attached hereto.

5. A Clearance Certificate pursuant to Minn. Stat. 507.071 subd. 23 is or is not
(check only one box)
attached to this affidavit.

Affiant

(signature)

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

(insert name of Affiant)

(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 legal name and residential or business
address)*