
**AFFIDAVIT IN SUPPORT OF SEARCH OF
DECEDENT – LESSEE’S SAFE DEPOSIT BOX**

STATE OF MINNESOTA

COUNTY OF _____

} ss.

DECEDENT – LESSEE:

Name: _____

1. The Lessee died on _____. At the time of death, the Lessee resided in _____ County, Minnesota, and had leased safe deposit box number _____ at _____ Bank.
2. I believe that the Lessee’s safe deposit box may contain the Lessee’s Will, codicil, a deed to a burial lot or a document containing burial instructions.
3. (check appropriate boxes) I believe that I am:
 - ☐ Named as Personal Representative in a purported Will of the Lessee.
 - ☐ A person who immediately prior to the death of the Lessee had the right of access to the box as deputy.
 - ☐ The surviving spouse of the Lessee.
 - ☐ A devisee (person who inherits under the Will) of the Lessee.
 - ☐ An heir of the Lessee.
 - ☐ A person who was designated by the Lessee in a writing filed with the bank before death.
4. I request that you examine the contents of the safe deposit box in my presence. (A) If a Will or codicil is found, I request that you photocopy it and deliver the original to the court administrator of the county of the Lessee’s residence and put the photocopy in the safe deposit box. (B) If a cemetery deed or other burial documents are found, I request that you photocopy them and give me the copies, returning the originals to the safe deposit box. (C) If a document is found which facilitates the Lessee’s wishes regarding body, funeral, or burial arrangements, I request that it be removed and delivered to me with a true and correct copy retained in the box. (D) I request that you make an inventory of the box and deliver the original inventory to the court administrator for the county in which Lessee resided, or if unknown, to the court administrator for the county in which the box is located. I request that a true and correct copy of the inventory be delivered to me.
5. **I declare under penalty of perjury that everything I have stated in this document is true and correct.**
MINN. STAT. § 358.116.

Dated: _____

Signature

NOTE: At least one of the boxes above must be checked and all other spaces must be filled in. This affidavit cannot be used if there is a surviving joint tenant on the safe deposit box. The bank may not open the safe deposit box if it has received a copy of letters of office of the representative of the deceased lessee's estate or other applicable court order. The bank need not open the box if the box has already been opened under Minnesota Statutes section 55.10; if it has received notice of an objection from any person or has reason to believe there would be an objection; or if the lessee's key or combination is not available.

<p>Attorney for Applicant</p> <p>Name _____</p> <p>Firm _____</p> <p>Street _____</p> <p>City, State, ZIP _____</p> <p>Attorney License No: _____</p> <p>Telephone: _____</p> <p>FAX: _____</p> <p>Email: _____</p>	<p>NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK):</p> <p>Subscribed and sworn to before me on _____ (date).</p> <p>Signature of Notary Public or Other Official</p>
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