

DISCLAIMER

The undersigned, _____, a resident of the State of Minnesota ("Disclaimant") states:

1. I irrevocably and without qualification disclaim and refuse to accept any and all rights or interests in and to the following described property, property right, or power (the "Disclaimed Property") (For real estate use legal description and attach Schedule, if necessary): _____.

This disclaimer shall include all interest, income, rents and profits earned, paid or accrued to the Disclaimed Property from the date of death until the date of this disclaimer.

2. (Check appropriate boxes) But for this Disclaimer, an interest in the Disclaimed Property would pass to me:

☐ as survivorship property from joint tenancy with right of survivorship.

☐ under Decedent's Will dated _____.

☐ under Minnesota intestacy law.

☐ as a result of the ☐ exercise ☐ non-exercise of a power of appointment.

☐ under that certain trust agreement created by _____ on _____.

☐ under life insurance policy # _____ issued by _____ insuring the life of _____ who died on _____.

☐ under that certain deed executed by _____ and dated _____.

☐ as the result of an inter vivos transfer made by _____ on _____.

☐ under a beneficiary designation.

☐ real property located in _____ County, Minnesota legally described as : _____.

☐ other (describe): _____.

3. This Disclaimer is irrevocable and I waive and renounce any right to amend or revoke this Disclaimer in any manner.

4. I have not accepted, or agreed or contracted to receive or accept, any consideration in return for this Disclaimer.
5. I have not voluntarily assigned, conveyed, encumbered, pledged, or transferred, any interest in the Disclaimed Property or contracted to do so.
6. The portion of the interest sought to be disclaimed is not being sold pursuant to a judicial sale.
7. I am not insolvent as of the date of execution of this Disclaimer, and have not been insolvent at any time since my rights in the Disclaimed Property were finally ascertained and indefeasibly fixed.

Check Appropriate Box:

8. ☐ I intend this Disclaimer be a “qualified disclaimer” under Internal Revenue Code Section 2518.

OR

- ☐ I DO NOT intend this Disclaimer be a “qualified disclaimer” under Internal Revenue Code Section 2518.

9. I have not accepted the disclaimed property or any interest in or benefits from the disclaimed property.

**I declare under penalty of perjury that everything I have stated in this document is true and correct.
MINN. STAT. § 358.116.**

Date: _____

Signature of Disclaimant

STATE OF MINNESOTA

COUNTY OF _____

} ss.

Signed, sworn to (or affirmed) before me by _____, Affiant.

Notary Stamp or Seal (or other Title or Rank)

Signature of Notary Public or Other Official

Attorney for Disclaimant

Name _____

Firm _____

Street _____

City, State, ZIP _____

Attorney License No: _____

Telephone: _____

FAX: _____

Email: _____

INSTRUCTIONS: If this form is to be filed with the Clerk of Court, add an appropriate header setting forth the State, County, Judicial District, etc. of the court, the Decedent's name and probate court filing number.

RECEIPT

The undersigned, having title to or possession or control of the Disclaimed Property acknowledges receipt of a signed copy of this Disclaimer on _____.

Dated: _____

Signature

Spousal Consent
(For Real Estate Only)

I, _____, am married to _____, the Disclaimant.

I have read this Disclaimer and consent to the Disclaimer with full understanding that the effect of the Consent is to waive any and all interest in and to the Disclaimed Property that I might otherwise have had as the Disclaimant's spouse, including but not limited to the right to claim an interest in such property in accordance with applicable state law upon the Disclaimant's death.

I declare under penalty of perjury that everything I have stated in this document is true and correct.
MINN. STAT. § 358.116.

Dated: _____

Signature of Disclaimant's Spouse

STATE OF MINNESOTA

COUNTY OF _____

} ss.

Signed, sworn to (or affirmed) before me by _____, Affiant.

Notary Stamp or Seal (or other Title or Rank)

Signature of Notary Public or Other Official

Attorney for _____
Name _____
Firm _____
Street _____
City, State, ZIP _____
Attorney License No: _____
Telephone: _____
FAX: _____
Email: _____