

(Top 3 inches reserved for recording data)

**AFFIDAVIT OF IDENTITY AND SURVIVORSHIP  
FOR JOINT TENANTS OR LIFE ESTATE**

**STATE OF MINNESOTA**

**COUNTY OF** \_\_\_\_\_



ss.

**Name of Decedent**

I, \_\_\_\_\_ ("Affiant"), being first duly sworn on oath state from my personal knowledge:

1. I reside at \_\_\_\_\_.
2. The Decedent is the person named in the certified copy of Certificate of Death attached to this affidavit.
3. The name of the survivor(s) owner(s) is/are: \_\_\_\_\_.
4. At death, the Decedent was an owner as  joint tenant  life tenant of real property in \_\_\_\_\_ County, Minnesota, legally described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as shown by an instrument recorded as Document No.: \_\_\_\_\_ (or in Book \_\_\_\_\_ of \_\_\_\_\_ Page \_\_\_\_\_) in the Office of the County Recorder.

as shown on Certificate of Title No. \_\_\_\_\_, filed with the Registrar of Titles of \_\_\_\_\_ County, Minnesota.

Dated: \_\_\_\_\_

Affiant \_\_\_\_\_

STATE OF MINNESOTA



ss.

COUNTY OF HENNEPIN

Signed, sworn to (or acknowledged) before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Notary Stamp or Seal (or other Title or Rank)

\_\_\_\_\_  
Signature of Notary Public or Other Official

THIS INSTRUMENT DRAFTED BY:

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

Statements for real estate taxes on the real property  
should be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_