

(Top 3 inches reserved for recording data)

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

**Name of
Decedent**

STATE OF MINNESOTA

COUNTY OF _____



ss.

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

1. _____ (“Decedent”) is the person named in the certified copy of Certificate
of Death attached to this affidavit.
2. At death, the Decedent was an owner of real property in _____ County, Minnesota, legally
described as follows:

_____.

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

and Decedent was the Grantor Owner in a transfer on death deed (“Deed”) recorded:

☐ 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.

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

_____.

4. The Grantee Beneficiary(ies) named in the Deed who did NOT survive the Decedent by 120 hours are (if none, insert NONE):

_____.

Certified copies of Certificate(s) of Death for any deceased Grantee Beneficiary(ies) is/are attached to this Affidavit.

5. A Clearance Certificate pursuant to Minnesota Statutes section 507.071, subdivision 23 ☐ is ☐ is not attached to this Affidavit.

Dated: _____

Affiant

Signed and sworn to before me on _____, 20__ by _____, Affiant.

Notary Stamp or Seal (or other Title or Rank)

Signature of Notary Public or Other Official

THIS INSTRUMENT DRAFTED BY:

Attorney 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:

