

STATE OF MINNESOTA

AFFIDAVIT OF TRUSTEE
(Testamentary Trust)
MINN. STAT. § 501.1014

COUNTY OF _____

_____, being first duly sworn on oath states, or affirms under penalties of perjury, that:

1. The _____ Trust was created by the Last Will and Testament of _____, Decedent, dated _____ (month/day/year). Decedent died on _____ (month/day/year). Affiant, as trustee of the trust, acquired by instrument or decree dated _____ (month/day/year) recorded in the office of the County Recorder Registrar of Titles of _____ County, Minnesota, as Document No. _____, an interest in real property in _____ County, Minnesota, legally described as follows:

(If more space is needed, continue on attachment.)

2. The name(s) and address(es) of the trustee(s) empowered by the terms of decedent's will to act at the time of the execution of this Affidavit are as follows:

3. The trustee(s) who have executed that certain instrument relating to the real property described above between _____, as trustee(s), and _____, dated _____ (month/day/year), (a) are empowered by the provisions of the trust under decedent's will to sell, convey, pledge, mortgage, lease, or transfer title to any interest in real property held in trust; and (b) are the requisite number of trustees required by the provisions of the will to execute and deliver such an instrument.

4. The trust has not terminated and the trust instrument has not been revoked.
 The trust has terminated (or the trust instrument has been revoked). The execution and delivery of the instrument described in paragraph 3 has been made pursuant to the provisions of the trust.

5. There has been no amendment to the trust which limits the power of trustee(s) to execute and deliver the instrument described in paragraph 3.

6. The trust is not supervised by any court.
 The trust is supervised by the _____ Court of

_____ County, _____. All necessary approval has been obtained from the court for the trustee(s) to execute and deliver the instrument described in paragraph 3.

7. Affiant does not have actual knowledge of any facts indicating that the trust is invalid.

Affiant

(signature)

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

(insert name of Affiant making statement)

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:

(insert name and address)