

(Top 3 inches reserved for recording data)

**AFFIDAVIT REGARDING SELLER
by Individual(s)**

**Minnesota Uniform Conveyancing Blanks
Form 50.1.2 (2006)**

State of Minnesota, County of _____

_____ being first duly sworn on oath say(s) that:
(insert name of each affiant)

1. (They are) (____ he is) (____ he knows) _____ the person(s) named as _____ in the document dated _____ and filed for record _____ as Document Number _____
(month/day/year) *(month/day/year)*
(or in Book _____ of _____, Page _____), in the Office of the County Recorder Registrar of Titles
(check the applicable boxes)
of _____ County, Minnesota.

2. Said person(s) (is) (are) of legal age and under no legal disability with place of business(es) respectively at _____

_____ and for the last ten (10) years (has)(have) resided at:

3. There are no:
a. Bankruptcy, divorce or dissolution proceedings involving said person(s) during the time period in which said person(s) have had any interest in the premises described in the above document ("**Premises**");
b. Unsatisfied judgments of record against said person(s) nor, to your Affiant(s) knowledge, any actions pending in any courts which affect the Premises;
c. Tax liens filed against said person(s);
except as herein stated:

- 4. Any bankruptcy, divorce or dissolution proceeding of record against parties with the same or similar names, during the time period in which the above-named person(s) (has) (have) had any interest in the Premises, are not against the above-named person(s).
- 5. Any judgments or tax liens of record against parties with the same or similar names are not against the above-named person(s).
- 6. There has been no labor or materials furnished to the Premises for which payment has not been made.
- 7. There are no unrecorded contracts, leases, easements, or other agreements or interests relating to the Premises except as stated herein:
- 8. There are no persons in possession of any portion of the Premises other than pursuant to a recorded document except as stated herein:
- 9. There are no encroachments or boundary line questions affecting the Premises of which Affiant(s) (has) (have) knowledge.
- 10. The person(s) (has) (have) not received medical assistance from the State of Minnesota or any county medical assistance agency.

Affiant(s) know(s) the matters herein stated are true and make(s) this Affidavit for the purpose of inducing the acceptance of title to the Premises.

Affiant

(signature)

(signature)

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

(insert name of person making statement)

(Seal, if any)

(signature of notarial officer)

Title (and Rank): _____

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

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)