

(Top 3 inches reserved for recording data)

**DEED OF SALE
by Special Administrator to Individual(s)**

**Minnesota Uniform Conveyancing Blanks
Form 10.5.10 (2025)**

DEED TAX DUE: \$ _____

DATE: _____
(month/day/year)

FOR VALUABLE CONSIDERATION, _____,
(insert name of each Special Administrator)

as Special Administrator of the Estate of _____,
_____, Decedent, single ☐ married ☐ at the time of death
(check applicable box),
(if "married" is checked, then attach a Consent of Spouse [Form 70.1.1])

("Grantor"), hereby conveys and quitclaims to _____,
(insert name of each Grantee)

("Grantee"), as ☐ tenants in common ☐ joint tenants

(If more than one Grantee is named above and either no option selected or both options are selected, this conveyance is made to the named Grantees as tenants in common.)

real property in _____ County, Minnesota, legally described as follows:

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

together with all hereditaments and appurtenances belonging thereto.

Check applicable box:

- ☐ The Seller certifies that the Seller does not know of any wells on the described real property.
- ☐ A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____.)
- ☐ I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Grantor

(signature of Special Administrator)

(printed name of Special Administrator)

State of Minnesota, County of _____

This instrument was acknowledged before me on _____, by _____
(month/day/year) (insert name of Special Administrator)

as Special Administrator of the Estate of _____, Decedent.

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

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

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

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS
INSTRUMENT SHOULD BE SENT TO:
(insert legal name and residential or business address of Grantee)