

(Top 3 inches reserved for recording data)

**DEED OF SALE  
by Individual Personal Representative to Individual(s)**

**Minnesota Uniform Conveyancing Blanks  
Form 10.5.3 (2016)**

eCRV number: \_\_\_\_\_

DEED TAX DUE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_  
(month/day/year)

FOR VALUABLE CONSIDERATION, \_\_\_\_\_  
(insert name of each Personal Representative)

\_\_\_\_\_ as Personal Representative 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

(Check only one box.)  tenants in common, (If more than one Grantee is named above and either no box is checked or both boxes are checked,  
this conveyance is made to the named Grantees as tenants in common.)  
 joint tenants,

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 Personal Representative)*

\_\_\_\_\_  
*(signature of Personal Representative)*

State of Minnesota, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_  
*(month/day/year)* *(insert name of each Personal Representative)*

\_\_\_\_\_ as Personal Representative 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)*