

(Top 3 inches reserved for recording data)

**DEED OF SALE**  
**by Business Entity Personal Representative to Business Entity**

**Minnesota Uniform Conveyancing Blanks**  
**Form 10.5.8 (2013)**

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

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

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

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

a \_\_\_\_\_ under the laws of \_\_\_\_\_,  
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 Grantee)

a \_\_\_\_\_ under the laws of \_\_\_\_\_ ("Grantee"),  
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

\_\_\_\_\_  
(name of Personal Representative)

By: \_\_\_\_\_  
(signature)

Its: \_\_\_\_\_  
(type of authority)

By: \_\_\_\_\_  
(signature)

Its: \_\_\_\_\_  
(type of authority)

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

This instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_  
(month/day/year) (name of authorized signer)

\_\_\_\_\_ as \_\_\_\_\_  
(type of authority)

and by \_\_\_\_\_  
(name of authorized signer)

as \_\_\_\_\_ of \_\_\_\_\_  
(type of authority) (name of 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)