(Top 3 inches reserved for recording data)

CONSERVATOR'S DEED

Minnesota Uniform Conveyancing Blanks
Form 10.6.1 (2024)

eCRV number: _____

DEED TAX DUE: $_____

DATE: _____
(month/day/year)

FOR VALUABLE CONSIDERATION, _____
(insert name of each Conservator)
_____, as Conservator
of the Estate of _____,
(insert name of the Person Subject to Conservatorship)
the Person Subject to Conservatorship, single ☐ married ☐ on the date hereof (and) _____
(check applicable box) *(insert name of spouse, if any, of the Person Subject to Conservatorship)*
_____ ("**Grantor**"), hereby conveys and quitclaims to _____
_____ ("**Grantee**"), as
(insert name of each Grantee)

(Check only one box.)

☐ 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 Conservator)

_____
(signature of Conservator)

_____
(signature of spouse, if any, of the Person Subject to Conservatorship)

State of Minnesota, County of _____

This instrument was acknowledged before me on _____ by _____
(month/day/year) *(insert name of each Conservator)*

_____

_____,

as Conservator of the Estate of _____, the Person Subject to Conservatorship.

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): _____

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

State of Minnesota, County of _____

This instrument was acknowledged before me on _____ by _____,
(month/day/year)

_____, spouse of _____

_____, the Person Subject to Conservatorship.

(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)