

(Top 3 inches reserved for recording data)

**DEMAND FOR DISCHARGE OF CLAIM OF UNREGISTERED  
INTEREST  
Minn. Stat. 508.70**

**Minnesota Uniform Conveyancing Blanks  
Form 40.7.4 (2011)**

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

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

\_\_\_\_\_, being first duly sworn on oath says:

1. The name of the registered interest holder is \_\_\_\_\_.

2. I am the ☐ registered interest holder ☐ a person acting at the instance of the registered interest holder.  
(check appropriate box)

3. The registered interest holder has a registered interest on Certificate of Title Number \_\_\_\_\_.

4. The registered interest holder hereby demands that \_\_\_\_\_  
(insert name of Claimant)

either (1) discharge the Claimant's claim of unregistered interest regarding the certificate of title, or (2) petition the court for a determination of the validity of the claim pursuant to Minn. Stat. 508.70, subd. 1. If the Claimant fails to do so, the claim will terminate and be of no effect ninety (90) days after this Demand for Discharge is filed with the Registrar of Titles of \_\_\_\_\_ County, Minnesota.

**Note: Remainder of page left blank, signature page follows.**

\_\_\_\_\_  
(signature)

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

\_\_\_\_\_  
(insert name of person making statement)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

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

**Affidavit of Mailing**

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

\_\_\_\_\_, being first duly sworn on oath says:

1. A copy of the Demand for Discharge of Unregistered Interest, to which this Affidavit is attached, was mailed on behalf of the registered interest holder to each of the following person(s) in accordance with Minn. Stat. 508.70.

**Name****Date of Mailing****Address**\_\_\_\_\_  
(signature)Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_  
(month/day/year)\_\_\_\_\_  
(insert name of person making statement)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)