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**AFFIDAVIT OF IDENTITY  
AND SURVIVORSHIP FOR  
TRANSFER ON DEATH DEED**

**Minnesota Uniform Conveyancing Blanks  
Form 50.2.3 (2022)**

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

\_\_\_\_\_ (“**Affiant**”), being first duly sworn on oath, states that to my personal knowledge:

1. \_\_\_\_\_ (“**Decedent**”) is the person named in the certified copy of the Certificate of Death attached hereto.

2. On the date of death, Decedent was an owner of the real property in \_\_\_\_\_ County, Minnesota, legally described as follows:

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

and Decedent was the Grantor Owner in a transfer on death deed (“**Deed**”) recorded on \_\_\_\_\_ as Document  
(month/day/year)

Number \_\_\_\_\_ in the Office of the  County Recorder  Registrar of Titles of \_\_\_\_\_

County, Minnesota. (If recorded with the Registrar of Titles, insert the Certificate of Title number \_\_\_\_\_.)

3.  All of the Grantee Beneficiary(ies) named in the Deed survived the Decedent by 120 hours. (Complete the following statement.)  
The Grantee Beneficiary(ies) named in the Deed who survived the Decedent by 120 hours is(are):

\_\_\_\_\_  
\_\_\_\_\_  
(insert names of the Grantee Beneficiary(ies) who survived the Decedent)

One or more of the Grantee Beneficiary(ies) named in the Deed did not survive the Decedent by 120 hours. (Complete the following two statements.)

The Grantee Beneficiary(ies) who survived the Decedent by 120 hours is(are):

\_\_\_\_\_

*(insert names of the Grantee Beneficiary(ies) who survived the Decedent)*

The Grantee Beneficiary(ies) who did not survive the Decedent by 120 hours is(are):

\_\_\_\_\_

*(insert names of the Grantee Beneficiary(ies) who did not survive the Decedent)*

4. **A certified copy of the Certificate of Death for each deceased Grantee Beneficiary who did not survive the Decedent by 120 hours is attached to this affidavit.**

5. A Clearance Certificate pursuant to Minn. Stat. 507.071 subd. 23  is or  is not attached to this affidavit.  
*(check only one box)*

Affiant

\_\_\_\_\_  
*(signature of Affiant)*

Signed and sworn to (or affirmed) 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)*

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN  
THIS INSTRUMENT SHOULD BE SENT TO:  
*(insert name and address of person to whom tax statements should be sent)*