

(Top 3 inches reserved for recording data)

CLAIM OF UNREGISTERED INTEREST
Minn. Stat. 508.70

Minnesota Uniform Conveyancing Blanks
Form 40.7.1 (2011)

DATE: _____
(month/day/year)

Name of Claimant: _____

State of Minnesota, County of _____

_____, being first duly sworn on oath says:

1. I am the Claimant a person acting at the instance of the Claimant.
(check applicable box)

2. Claimant claims an unregistered interest in registered land in _____ County, Minnesota,
Certificate of Title Number _____, legally described as follows:

3. The interest claimed by Claimant is as follows:

[Note: If the claim is based on a document, a photocopy may be attached. If the Claimant claims an interest in an unregistered mortgage that is subject to the imposition of mortgage registry tax upon recording, evidence of payment of mortgage registry tax should be attached.]

4. The interest was acquired as follows:

5. The interest cannot be registered because of the following:

6. All notices may be served upon Claimant at the following address (not a post office box):

7. This claim of unregistered interest is not made for the purpose of avoiding the payment of mortgage registry tax under Minn. Stat. 287.01 or avoiding the payment of deed tax under Minn. Stat. 287.21, or avoiding obtaining the county auditor's statement on an instrument under Minn. Stat. 272.12.

8. I have knowledge of the facts in this claim and the claim is made by, or at the instance of, the Claimant; and is true of my own knowledge.

(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)

Note: Mail a copy of the claim to persons whose registered interests are affected by the claim at their addresses shown on the Certificate of Title. Attach to this claim an affidavit stating the names and addresses of the persons to whom copies of the claim were mailed.

Affidavit of Mailing

State of Minnesota, County of _____

_____, being first duly sworn on oath says:

1. A copy of the Claim of Unregistered Interest, to which this Affidavit is attached, was mailed 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)