

**AFFIDAVIT IN SUPPORT OF SEARCH
OF DECEDENT’S – LESSEE’S SAFE DEPOSIT BOX**

In the Matter of:

_____, **Decedent - Lessee.**

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

-
1. The Lessee died on _____. At the time of death, the Lessee resided in _____ County, Minnesota and had leased safe deposit box number _____ at _____ Bank.
 2. I believe that the Lessee’s safe deposit box may contain the Lessee’s will, codicil, a deed to a burial lot or a document containing body, funeral or burial arrangements.
 3. I believe that I am: (Check appropriate boxes)
 Named as personal representative in a purported will of the Lessee.
 A person who immediately prior to the death of the Lessee had the right of access to the box as deputy.
 The surviving spouse of the Lessee.
 A devisee (person who inherits under the will) of the Lessee.
 An heir of the Lessee.
 A person who was designated by the Lessee in a writing filed with the bank before death.
 4. I request that you examine the contents of the safe deposit box in my presence.
 - i. If a will or codicil is found, I request that you photocopy it and deliver the original to the court administrator of the county of the Lessee’s residence and put the photocopy in the safe deposit box.
 - ii. If a cemetery deed or other burial documents are found, I request that you photocopy them and give me the copies, returning the originals to the safe deposit box.
 - iii. If a document is found which facilitates the Lessee’s wishes regarding body, funeral or burial arrangements, I request it be removed and delivered to me with a true and correct copy retained in the box.
 - iv. I request that you make an inventory of the box and deliver the original inventory to the court administrator for the county in which Lessee resided, or if unknown, to the court administrator of the county in which the box is located. I request that a true and correct copy of the inventory be delivered to me.
 5. Under penalties for perjury I declare that I have read this Affidavit and I know or believe its representations are true and correct and complete.

Dated: _____

Signature of person who filled out this form

E-mail address: _____