I:\PERM\REAL ESTATE\TORRENS - SHERBURNE COUNTY\CPT Application - Entity 1.16

EXAMINER OF TITLES  
COUNTY OF SHERBURNE

CPT FILE NO. \_\_\_\_\_

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| In the Matter of the Application of : | |  |
|  | |  |
| <>  To Register Possessory Title to Certain Land | | **APPLICATION  for Certificate of Possessory Title  Where Applicant is an Entity** |
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| --- | --- | --- | --- | --- |
| STATE OF Minnesota | ) | |  | |
|  | ) | SS | |
| COUNTY OF Sherburne | ) | |  | |

The undersigned, on behalf of the Applicant, hereby applies to register the possessory title to the land described in this Application, pursuant to Minnesota Statutes, Chapter 508A and solemnly swears that the contents and statements made in this Application are true to the best of the undersigned’s knowledge, except as to those matters stated on the undersigned’s information and belief, and as to those matters the undersigned believes them to be true.

1. Name of Entity: <>  
   Principal Place of Business: <>, County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Organized under the laws of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Description of land: <For the registration of easements over unregistered land, the fee simple estate to which the easements are appurtenant must also be described.>

<>

The estimated market value of the land to be registered, exclusive of improvements, according to the last official assessment is <$\_\_\_\_\_\_\_\_\_\_>. [This information is available from the Sherburne County Assessor: 763-241-2880 or 800-438-0577].

1. Estate or interest claimed in the land is fee simple.
2. \_\_\_ The land is occupied; or  
   \_\_\_ The land is occupied as follows: [State the full name and address of each party  
    and the nature of the estate, interest, lien, or charge which the party or parties have,   
    or claim to have, in the land].
3. The following persons or parties have or claim some right, title, estate, lien or interest in the land: [State the names of the persons or parties who appear of record or are known to the applicant and the nature and character of the claims.]
4. The land is subject to the following liens or encumbrances: [State the character and amount of each lien or encumbrance, the name and post office address of the holder, and the recording information.]
5. Applicant is in actual or constructive possession of the land.

Applicant requests the registration of a possessory estate in the land under a CPT.

*Name of Entity*

*Signature*

*Title*

Subscribed and sworn to before me on

*Notary Seal*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*date*

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notary Public*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Attorney for Applicant:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Approved for Filing:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ David J. Meyers (#151695) Examiner of Titles Rinke Noonan 1015 West St. Germain Street, Suite 300 P.O. Box 1497 St. Cloud, MN 56302-1497 Phone: (320) 656-3512 Fax: (320) 656-3500 Email: dmeyers@rinkenoonan.com File No. <> |