I:\PERM: TORRENS - SHERBURNE COUNTY: CPT Application-Individual 1.15

EXAMINER OF TITLES  
COUNTY OF SHERBURNE

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

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

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 of this Application are true to the best of Applicant’s own knowledge, except as to those matters stated on Applicant’s information and belief, and that as to those matters Applicant believes them to be true.

1. Name: <>  
   Address: <>  
    <>

[**Note**: If Applicant is not a resident of the State of Minnesota, see Minn. Stat. 508A.07 regarding appointment of an agent].

Applicant is 18 years of age or older and is not under any legal incapacity.

1. Applicant is \_\_\_\_\_ married to <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>, who resides at <\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>.

Applicant has never been divorced, except: <State the date of the divorce degree, the county and state where granted, the court file name and the name of the former spouse; if no divorce, strike “except”>

1. Description of land:

<>

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 and is:

\_\_\_\_\_ subject to homestead; or  
\_\_\_\_\_ not subject to homestead.

1. \_\_\_ The land is occupied by Applicant; or  
   \_\_\_ The land is unoccupied; or  
   \_\_\_ The land is occupied as follows: [State the full name and address of each   
    occupant and the nature of the estate, interest, lien, or charge which the occupant   
    or occupants have, or claim to have, in the land].
2. 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.]
3. 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.]
4. Applicant is in actual or constructive possession of the land.

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

*Applicant’s Signature*

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. <> |