

(Top 3 inches reserved for recording data)

**TRUSTEE'S DEED  
by Individual Trustee**

**Minnesota Uniform Conveyancing Blanks  
Form 10.4.1 (2016)**

eCRV number: \_\_\_\_\_

DEED TAX DUE: \$ 1.65

DATE: \_\_\_\_\_  
*(month/day/year)*

FOR VALUABLE CONSIDERATION, Robert A. Greifzu

*(insert name of each Trustee)*

\_\_\_\_\_, as Trustee  
of The Trust Agreement of Robert and Barbara Greifzu

*(insert name of Trust)*

("Grantor"), hereby conveys and quitclaims to The Trust Agreement of Robert and Barbara Greifzu

*(insert name of each Grantee)*

\_\_\_\_\_, ("Grantee"), as

*(Check only one box.)*

- tenants in common,
- joint tenants,

*(If more than one Grantee is named above and either no box is checked or both boxes are checked,  
this conveyance is made to the named Grantees as tenants in common.)*

real property in Aitkin County, Minnesota, legally described as follows:

Lot 22, Double "S" Acres, 2nd Addition

\*Total consideration for this transaction is \$500.00 or less.\*

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

together with all hereditaments and appurtenances belonging thereto.

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed. (if electronically filed, insert WDC number: \_\_\_\_\_.)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Grantor

\_\_\_\_\_  
(signature of Trustee) Robert A. Greifzu

\_\_\_\_\_  
(signature of Trustee)

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

This instrument was acknowledged before me on \_\_\_\_\_, by Robert A. Greifzu  
(month/day/year) (insert name of each Trustee)

\_\_\_\_\_  
as Trustee of The Trust Agreement of Robert and Barbara Greifzu  
(insert name of Trust)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:  
(insert name and address)

Robert Greifzu  
51500 Long Point Place  
McGregor, MN 55760

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:  
(insert legal name and residential or business address of Grantee)

Taxpayer of record

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eCRV number: \_\_\_\_\_

DEED TAX DUE: \$ 1.65

DATE: \_\_\_\_\_  
*(month/day/year)*

FOR VALUABLE CONSIDERATION, Robert A. Greifzu  
*(insert name of each Trustee)*

\_\_\_\_\_, as Trustee  
of The Trust Agreement of Robert and Barbara Greifzu  
*(insert name of Trust)*

("Grantor"), hereby conveys and quitclaims to The Trust Agreement of Robert and Barbara Greifzu  
*(insert name of each Grantee)*

\_\_\_\_\_, ("Grantee"), as

*(Check only one box.)*     tenants in common,    *(If more than one Grantee is named above and either no box is checked or both boxes are checked, this conveyance is made to the named Grantees as tenants in common.)*  
 joint tenants,

real property in Aitkin County, Minnesota, legally described as follows:  
Lot Twenty-three (23) of the Plat of "Double 'S' Acres Second Addition"

\*Total consideration for this transaction is \$500.00 or less.\*

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

together with all hereditaments and appurtenances belonging thereto.

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: \_\_\_\_\_.)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Grantor

\_\_\_\_\_  
(signature of Trustee) Robert A. Greifzu

\_\_\_\_\_  
(signature of Trustee)

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

This instrument was acknowledged before me on \_\_\_\_\_, by Robert A. Greifzu  
(month/day/year) (insert name of each Trustee)

\_\_\_\_\_  
as Trustee of The Trust Agreement of Robert and Barbara Greifzu  
(insert name of Trust)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:  
(insert name and address)

Robert Greifzu  
51500 Long Point Place  
McGregor, MN 55760

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:  
(insert legal name and residential or business address of Grantee)

Taxpayer of record