
I declare under penalty of perjury that everything I have stated in this document is true and correct.
Minn. Stat. § 358.116.

Dated

Signature

Name: _____

(If you have asked to keep your address and/or phone number confidential, do not include it here)

Address: _____

County and state where signed

City/State/Zip: _____

Telephone: _____

Email: _____