State of Minnesota **District Court** County of: Judicial District: Court File Number: Case Type: Housing Plaintiff (first, middle, last) **Affidavit of Plaintiff** VS. Defendant (first, middle, last) 1. I am the ☐ plaintiff / ☐ plaintiff's attorney. 2. I believe that the above defendants cannot be found, or that defendants are not in the State of Minnesota. 3. A copy of the Summons and Complaint has been mailed to the defendants at their last known address: OR ☐ No copy of the Summons and Complaint was mailed because plaintiff does not know defendants' last address. I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116. Dated: Signature Name: County and State where signed Address: City/State/Zip: Telephone: E-mail address: