

Calcuation Costs for a Use Deed

DATE: 2/16/2016
PIN: 34-29-23-34-0008

LOCATION: Between 1381-1407 Marshall Avenue (Marshall Avenue)
RECORDING TYPE: Abstract

RECORDING FEE:	\$	46.00
STATE DEED FEE:	\$	25.00
AG/CON STAMP:	\$	5.00
DEED TAX STAMP:	\$	1.70
PRIOR YEAR MAINTENANCE COST:	\$	76.14
CURRENT YEAR MAINTENANCE COST:	\$	25.38
TOTAL COST	\$	179.22
ADMIN COST:	\$	250.00

You will need to provide the following items along with any enclosed documents:

- 1) Certified copy of your City Council Resolution, which includes a statement of the intended use of the property.
- 2) A check made payable to **RAMSEY COUNTY** in the amount of **\$ 179.22**
- 3) A check made payable to **COMMISSIONER OF REVENUE** in the amount of **\$ 250.00**

If you have any question about this statement please contact our office at (651) 266-2080.

Application for State Deed for Tax-Forfeited Land

In _____ County

Type of Acquisition

- Purchase
(Minn. Stat. § 282.01, subd. 1a, par. (b) or subd. 3 or subd. 7a)
- Conditional Use Deed
(Minn. Stat. § 282.01, subd. 1a, par. (e))
- Conditional Use Deed Supplement required -
- School Forest Deed
(Minn. Stat. § 282.01, subd. 1a, par. (j))
- School Forest Deed Supplement required -
- Remove Blight/Afford. Housing
(Minn. Stat. § 282.01, subd. 1a, par. (d))
- Failure to convey to city or association
(Minn. Stat. § 282.01, subd. 1a, par. (f) or (g))
- Acquisition Authorized by other statute or Special Law
Citation: _____
- Conservation-related usage
(Minn. Stat. § 282.01, subd. 1a, par. (h))
- Replacement for Lost/Destroyed Deed
(Minn. Stat. § 282.33)
- Release (State Agencies only)
(Minn. Stat. § 282.01, subd. 1a, par. (c))
- Repurchase
(Minn. Stat. § 282.012; Minn. Stat. § 282.241)

Correction	Is this application intended to correct a previous deed? Yes (Complete this section) No (Skip this section)	
	State deed number of original deed: _____	
	Information being corrected: Grantee's name Legal description Other: _____	
	Was this state deed recorded? Yes No	
	Recording Date: _____ Recording Number: _____ (If the state deed was not recorded, please return the original state deed with this application.)	

Applicant (Grantee)	Name(s) of applicant(s) The City of Saint Paul		
	Address of applicant 25 Fourth Street West, Suite 1000		Phone Number of applicant 651-266-8863
	City Saint Paul	State MN	Zip Code 55102-1660

Ownership Please check the appropriate box below:
 Single ownership Co-ownership: joint tenancy Co-ownership: tenancy in common Co-ownership: other

Date of auditor's certificate of forfeiture: **August 1, 2015** Date tax-forfeited land was sold (if applicable): _____

Date purchase price was paid in full (if applicable): _____ Purchase price (if applicable): _____

Property Information	Legal description of property: (Please email longer legals to: state.deeds.mdor@state.mn.us) <input type="checkbox"/> All or part of the described real property is Registered (Torrens)
	The West 30 feet of the East 62 feet of Lot 15, "Kittsondale" being Auditor's Subdivision No. 27, St. Paul, Minn.
	PIN: 34-29-23-34-0008 (A) CONTRACT: UD

Wells Please check the appropriate box below:
 There are one or more wells on this property. There are no wells on this property. No change since last well certificate.
 (If wells disclosure certificate has been electronically filed, please list WDC number: _____)

Wetland Certification
 The wetland certification form has been completed and attached to this application.

Replacement	Complete this section only if "Replacement for Lost/Destroyed Deed" is selected above as the type of acquisition.	
	The applicant is (check the appropriate box): the grantee named in the original deed the grantee's successor	
	If the applicant is the grantee's successor, please state the name of the grantee in the original deed (otherwise leave blank): _____	
	Date that unrecorded state deed was issued _____	State Deed Number (if known) _____
	Attach a statement of reasons in support of allegation that said deed has been lost or destroyed before it was recorded (please be specific).	

Certifications

All applications require the signature of the county auditor below. Applications for Replacement Deeds will also require the additional signature of the applicant as well.

Please provide the information below as it corresponds to the type of acquisition selected on the front of the form.

Blight/Affordable Housing	<p>Auditor to complete this section only if "Remove Blight/Afford. Housing" is selected above as the type of acquisition.</p> <p>The County Board, or its delegate, of _____ County, Minnesota, has reviewed the application of _____ dated _____, 20____, for the conveyance of certain tax-forfeited land described therein. The county board has determined that: (1) a sale at a reduced price is in the public interest because a reduced price is necessary to provide an incentive to correct the blighted conditions that make the lands undesirable in the open market or the reduced price will lead to the development of affordable housing; and (2) the governmental subdivision or state agency has documented its specific plans for correcting the blighted conditions or developing affordable housing and the specific law or laws that empower it to acquire real property in furtherance of the plans.</p>
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Conservation	<p>Auditor to complete this section only if "Conservation-related usage" is selected above as the type of acquisition.</p> <p>The County Board, or its delegate, of _____ County, Minnesota, has reviewed the application of _____ dated _____, 20____, for the conveyance of certain tax-forfeited land described therein. The county board has determined that a sale at a reduced price is in the public interest for (select one):</p> <ul style="list-style-type: none"> ___ (1) creation or preservation of wetlands; or ___ (2) drainage or storage of storm water under a storm water management plan; or ___ (3) preservation, or restoration and preservation, of the land in its natural state.
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Failure to Convey	<p>Auditor to complete this section only if "Failure to convey to city or association" is selected above as the type of acquisition.</p> <p>The County Board, or its delegate, of _____ County, Minnesota, has reviewed the application of _____, a (check one) <input type="checkbox"/> governmental subdivision / <input type="checkbox"/> common interest community, dated _____, 20____, for the free conveyance, due to a prior failure to convey which was duly certified, of certain tax-forfeited land described therein, and recommends that this application be granted.</p>
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Use Deed	<p>Auditor to complete this section only if "Conditional Use Deed" is selected above as the type of acquisition.</p> <p>The County Board, or its delegate, of <u>Ramsey</u> _____ County, Minnesota, has reviewed the application of _____ dated _____, 20____, for the conveyance for an authorized public use of certain tax-forfeited land described therein, and recommends that this application be granted.</p>
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School Forest	<p>Auditor to complete this section only if "School Forest Deed" is selected above as the type of acquisition.</p> <p>The County Board, or its delegate, of _____ County, Minnesota, and the Commissioner of Natural Resources, has reviewed the application of _____ dated _____, 20____ for the conveyance for a school forest of certain tax-forfeited land described therein, and recommends that this application be granted.</p>
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Replacement	<p>Auditor to complete this section only if "Replacement for Lost/Destroyed Deed" is selected above as the type of acquisition.</p> <p>The property described herein was duly bid in for the state for taxes payable in the year _____, delinquent _____; and became forfeited to the State of Minnesota on the _____ day of _____, _____.</p>
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Sign Here	<p>I certify that the above information is true and correct, the county board has taken the official action required under Minn. Stat. § 270C.88, and that therefore conveyance by state deed of the real property described above should be executed by the Commissioner of Revenue to the above named applicant(s) as required by Minnesota Statutes, Chapter 282.</p> <p>Signature of county auditor _____ County _____</p> <p>Date of signature of county auditor _____</p> <p>Applicant signature (Replacement Deed only) _____</p> <p>Date of applicant signature (Replacement Deed only) _____</p>
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(seal)

Calculation Costs for a Use Deed

DATE: 2/16/2016
PIN: 03-28-23-21-0077
LOCATION: East of 1040 Marshall Avenue
(Marshall Avenue)
RECORDING TYPE: Abstract

RECORDING FEE:	\$	46.00
STATE DEED FEE:	\$	25.00
AG/CON STAMP:	\$	5.00
DEED TAX STAMP:	\$	1.70
PRIOR YEAR MAINTENANCE COST:	\$	76.14
CURRENT YEAR MAINTENANCE COST:	\$	50.76
TOTAL COST	\$	204.60
ADMIN COST:	\$	250.00

You will need to provide the following items along with any enclosed documents:

- 1) Certified copy of your City Council Resolution, which includes a statement of the intended use of the property.
- 2) A check made payable to **RAMSEY COUNTY** in the amount of **\$ 204.60**
- 3) A check made payable to **COMMISSIONER OF REVENUE** in the amount of **\$ 250.00**

If you have any question about this statement please contact our office at (651) 266-2080.

Application for State Deed for Tax-Forfeited Land

In _____ County

Type of Acquisition

- | | | |
|---|--|---|
| <input type="checkbox"/> Purchase
<small>(Minn. Stat. § 282.01, subd. 1a, par. (b) or subd. 3 or subd. 7a)</small> | <input checked="" type="checkbox"/> Conditional Use Deed
<small>(Minn. Stat. § 282.01, subd. 1a, par. (e))
- Conditional Use Deed Supplement required -</small> | <input type="checkbox"/> School Forest Deed
<small>(Minn. Stat. § 282.01, subd. 1a, par. (j))
- School Forest Deed Supplement required -</small> |
| <input type="checkbox"/> Remove Blight/Afford. Housing
<small>(Minn. Stat. § 282.01, subd. 1a, par. (d))</small> | <input type="checkbox"/> Failure to convey to city or association
<small>(Minn. Stat. § 282.01, subd. 1a, par. (f) or (g))</small> | <input type="checkbox"/> Acquisition Authorized by other statute or Special Law |
| <input type="checkbox"/> Conservation-related usage
<small>(Minn. Stat. § 282.01, subd. 1a, par. (h))</small> | <input type="checkbox"/> Replacement for Lost/Destroyed Deed
<small>(Minn. Stat. § 282.33)</small> | Citation: _____ |
| <input type="checkbox"/> Repurchase
<small>(Minn. Stat. § 282.012; Minn. Stat. § 282.241)</small> | <input type="checkbox"/> Release (State Agencies only)
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Correction	Is this application intended to correct a previous deed? Yes (Complete this section) No (Skip this section)
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	Address of applicant 25 Fourth Street West, Suite 1000		Phone Number of applicant 651-266-8863
	City Saint Paul	State MN	Zip Code 55102-1660

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 Single ownership Co-ownership: joint tenancy Co-ownership: tenancy in common Co-ownership: other

Date of auditor's certificate of forfeiture: **August 1, 2015** Date tax-forfeited land was sold (if applicable): _____

Date purchase price was paid in full (if applicable): _____ Purchase price (if applicable): _____

Property Information	Legal description of property: (Please email longer legals to: state.deeds.mdor@state.mn.us) <input type="checkbox"/> All or part of the described real property is Registered (Torrens)
	Subject to street and vacated alley accruing and except the East 11.81 feet and except the West 2 feet, Lot 1, Block 1, Boulevard Addition
	PIN: 03-28-23-21-0077 (A) CONTRACT: UD

Wells Please check the appropriate box below:
 There are one or more wells on this property. There are no wells on this property. No change since last well certificate.
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(seal)