



# Board of County Commissioners Agenda Request

**2F**  
Agenda Item #

**Requested Meeting Date:** January 28, 2025

**Title of Item:** Affidavit for Duplicate of Lost Warrant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
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<b>Submitted by:</b> Wendie Bright	<b>Department:</b> Auditor's Office
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<b>Presenter (Name and Title):</b> N/A	<b>Estimated Time Needed:</b> N/A
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**Summary of Issue:**  
 Approve Affidavit for Duplicate of Lost Warrant:  
 Warrant #86107 - Bruce Fillips - Sept 10, 2021 - \$80.00

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**  
 Approve Affidavit for Duplicate of Lost Warrant:  
 Warrant #86107 - Bruce Fillips - Sept 10, 2021 - \$80.00  
 (Replacement to be sent to the Estate of Bruce Fillips.)

**Financial Impact:**  
*Is there a cost associated with this request?*       Yes       No  
*What is the total cost, with tax and shipping? \$*  
*Is this budgeted?*       Yes       No      *Please Explain:*

AITKIN COUNTY

AFFIDAVIT OF FAILURE TO RECEIVE WARRANT  
Made Pursuant to Minnesota Statutes, Section 16A.46



**\*\*THIS AFFIDAVIT MUST BE NOTARIZED\*\***

State of Minnesota County of Carver

Name: Estate of Bruce Phillips  
(AFFIANT'S NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: Kevin Phillips Officer Title: Personal Representative  
(IF NOT BUSINESS, LEAVE BLANK)

Address: 2512 Highway 100S #412 MPLS, MN 55416  
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 86107 for Aitkin County Property tax overpayment Check  
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 2021, to Bruce Phillips  
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

465 S. Sunlight Lake Grand Marais, MN 55604  
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of eighty dollars dollars (\$ 80.00 ) Dollars,

was never received by claimant

was received by claimant in the usual course of business; that \*

\* NOTE: Use space to describe in detail what you did with or what happened to the warrant, giving correct names, addresses, dates, etc., in every instance. If additional space is required, use the reverse side.

If the original warrant ever comes into claimant's possession, said warrant will be promptly returned, in the same condition as when received, to AITKIN COUNTY AUDITOR'S OFFICE, 307 2<sup>nd</sup> Street NW, Room 121, Aitkin MN 56431, and that claimant will reimburse the County for any loss which may be sustained by reason of any false statement, fault, or act on claimant's part concerning the aforesaid matter; and, that this affidavit is made for the purpose of securing the issuance of a duplicate warrant in the aforesaid amount.

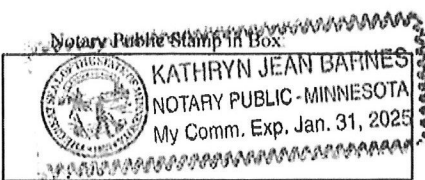
Notary Public:  
Subscribed and sworn to before me this  
day of July 17, 2021

Kath: JB  
NOTARY PUBLIC SIGNATURE

You must sign this affidavit before a Notary Public:  
x Kevin Phillips  
(Signature and Title of Affiant)  
Personal Representative  
(Signature and Title of Affiant)

My commission expires \_\_\_\_\_

STATE OF: Minnesota  
COUNTY OF: Carver



NOTE: A replacement warrant will be issued after approval from the Aitkin County Board of Commissioners.