



Board of County Commissioners Agenda Request

2M
Agenda Item #

Requested Meeting Date: February 25, 2025

Title of Item: Affidavit for Duplicate of Lost Warrant - Hahn-Beasley

<input type="checkbox"/> REGULAR AGENDA	Action Requested:	<input type="checkbox"/> Direction Requested	
<input checked="" type="checkbox"/> CONSENT AGENDA		<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Hold Public Hearing*

Submitted by: Wendie Bright	Department: Auditor's Office
---------------------------------------	--

Presenter (Name and Title): N/A	Estimated Time Needed: N/A
---	--------------------------------------

Summary of Issue:
Approve Affidavit for Duplicate of Lost Warrant:
Warrant #87053, dated Oct 27, 2023 - payable to Rhonda Hahn-Beasley, for \$122.00

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:
Approve Affidavit for Duplicate of Lost Warrant:
Warrant #87053, dated Oct 27, 2023 - payable to Rhonda Hahn-Beasley, for \$122.00

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 MN County of Aitkin

Name: Rhonda Hahn
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: N/A Officer Title: N/A
(IF NOT BUSINESS, LEAVE BLANK)

Address: PO Box 879561, Wasilla AK 99687
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 87053 for 2021 property tax overpayment
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 1/14/2022, to Rhonda Hahn-Beasley
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

43052 Nature Ave, Aitkin MN 56431
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of One hundred twenty-two ----- dollars (\$ 122.00) 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 2nd 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 _____

You must sign this affidavit before a Notary Public:

NOTARY PUBLIC SIGNATURE

(Signature and Title of Affiant)

(Signature and Title of Affiant)

My commission expires _____

Notary Public Stamp in Box:

STATE OF: _____

COUNTY OF: _____

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