



# Board of County Commissioners Agenda Request

**2Q**  
Agenda Item #

**Requested Meeting Date:** August 12, 2025

**Title of Item:** Affidavit of Duplicate of Lost Warrant - Johnson

<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*
<b>Submitted by:</b> Chris Springer		<b>Department:</b> ACHHS Accounting
<b>Presenter (Name and Title):</b> N/A		<b>Estimated Time Needed:</b> N/A
<b>Summary of Issue:</b>  Approve affidavit for Duplicate of Lost Municipal Order of Warrant: Melissa Johnson, warrant number 113699 dated March 8, 2024, in the amount of \$450.00.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve affidavit for Duplicate of Lost Municipal Order or Warrant: Melissa Johnson, warrant number 113699 dated March 8, 2024, in the amount of \$450.00.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

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 Aitkin  
Name: Missy Johnson  
(AFFIANT'S NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_  
(IF NOT BUSINESS, LEAVE BLANK)

Address: 64291 100th Ave Jacobson MN 55752  
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 113699 for Rept Care 3-8-2024  
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 3/8/2024, to \_\_\_\_\_  
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of Four hundred fifty dollars (\$ 450.00) 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 30, 2025

[Signature]  
NOTARY PUBLIC SIGNATURE

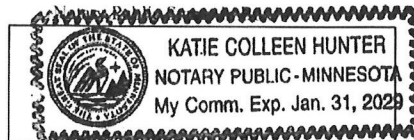
My commission expires Jan 31, 29

STATE OF: Minnesota  
COUNTY OF: Aitkin

You must sign this affidavit before a Notary Public:

[Signature]  
(Signature and Title of Affiant)

\_\_\_\_\_  
(Signature and Title of Affiant)



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

Aitkin County - Lost Warrants, 307 2<sup>nd</sup> Street NW, Room 121, Aitkin MN 56431  
email: auditor@aitkincountymn.gov