



# Board of County Commissioners Agenda Request

**2W**  
Agenda Item #

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

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

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
<b>Submitted by:</b> Wendie Bright		<b>Department:</b> Auditor's Office
<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 Warrant: Warrant #93701 - 7/12/24 - Nick Hedlund - \$135.02		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve Affidavit for Duplicate of Lost Warrant: Warrant #93701 - 7/12/24 - Nick Hedlund - \$135.02 (Replacement to be sent to the Estate of Nick Hedlund)		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><i>Please Explain:</i></span>		

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: Estate of Nick Hedlund  
 (AFFIANT'S NAME: INDIVIDUAL OR NAME OF BUSINESS)  
 Officer's Name: CO PER REP LAURA YABBERZ Officer Title: PERSONAL REPRESENTATIVE  
 (IF NOT BUSINESS, LEAVE BLANK)  
 Address: 1579 KAU DR. STANDISH, MI 48658  
 (CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)  
 Aitkin County Warrant Number: 93701 for OUTSTANDING CHECK OVERPAYMENT  
 (INSERT INVOICE OR VOUCHER INFORMATION)  
 Issued 2024, to NICK HEDLUND  
 (INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)  
1579 KAU DR. STANDISH, MI 48658  
 (INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of One Hundred and thirty five 02/100 dollars (\$ 135.02 ) Dollars,

☐ was never received by claimant  
☒ was received by claimant in the usual course of business; that \*

NICK HEDLUND PASSED AWAY, CHECK HAS BEEN LOST.

\* 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 31st 2025

You must sign this affidavit before a Notary Public:

NOTARY PUBLIC SIGNATURE

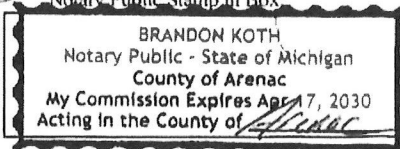
(Signature and Title of Affiant)

(Signature and Title of Affiant)

My commission expires April 17, 2030

Notary Public Stamp in Box:

STATE OF: MI  
 COUNTY OF: Arenac



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