



Board of County Commissioners Agenda Request

2R
Agenda Item #

Requested Meeting Date: March 10, 2026

Title of Item: Affidavit for Duplicate of Lost Warrant / Nygren

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <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
Submitted by: Wendie Bright		Department: Auditor's Office
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue: Affidavit for Duplicate of Lost Warrant Warrant #94575 - 10/28/2024 - Duane Nygren - \$81.00		
Alternatives, Options, Effects on Others/Comments: 		
Recommended Action/Motion: Approve Affidavit for Duplicate of Lost Warrant Warrant #94575 - 10/28/2024 - Duane Nygren - \$81.00		
Financial Impact: <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 <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 MN County of AITKIN

Name: DUANE NYGREN
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

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

Address: 13 OAKSHADE AVE DARIEN, CT 06820
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 94575 for \$ 81.00
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 10/28/2024, to DUANE NYGREN
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

13 OAKSHADE AVE DARIEN, CT 06820
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of EIGHTY - ONE dollars (\$ 81.00) 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 February 27, 2026
Mary Rassias
NOTARY PUBLIC SIGNATURE

You must sign this affidavit before a Notary Public:
[Signature] DOA DUANE NYGREN
(Signature and Title of Affiant)

My commission expires March 31, 2027

Notary Public Stamp in Box:
MARY KONSTANTINA RASSIAS
NOTARY PUBLIC
State of Connecticut
My Commission Expires
March 31, 2027

STATE OF: Connecticut
COUNTY OF: Fairfield

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