



Board of County Commissioners Agenda Request

2F
Agenda Item #

Requested Meeting Date: April 28, 2026

Title of Item: Affidavits for Duplicate of Lost Warrants - MN Dept of Revenue

<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: Affidavits for Duplicate of Lost Warrants: MN Department of Revenue - Severed Mineral Interest Tax 2/6/2024 - Warrant #92598 - \$28.50 11/24/2024 - Warrant # 94733 - \$54.53 1/17/2025 - Warrant # 95118 - \$4.24 6/20/2025 - Warrant #96097 - \$2147.44		
Alternatives, Options, Effects on Others/Comments: 		
Recommended Action/Motion: Approve Affidavits for Duplicate of Lost Warrants		
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 Minnesota County of Ramsey

Name: MN Department of Revenue
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: William Lonergan Officer Title: Prog. Coordinator
(IF NOT BUSINESS, LEAVE BLANK)

Address: 600 N. Robert MS 3331 St. Paul, MN 55146-3331
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 92598/96097 for Severed Min. Interest Tax
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 2/6/2024 6/20/2025 to Commissioner of Revenue
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

600 N. Robert MS 3331 St. Paul, MN 55146-3331
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of 28.50 and 2147.44 dollars (\$ _____) 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 4/6/20

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

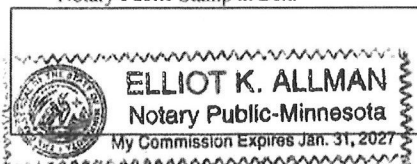
[Signature]
NOTARY PUBLIC SIGNATURE

(Signature and Title of Affiant)

My commission expires 1/31/27

Notary Public Stamp in Box:

STATE OF: MN
COUNTY OF: Ramsey



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

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 Ramsey

Name: MN Department of Revenue
(AFFIANTS NAME: INDIVIDUAL OR NAME OF BUSINESS)

Officer's Name: William Lonergan Officer Title: Prog. Coordinator
(IF NOT BUSINESS, LEAVE BLANK)

Address: 600 N. Robert MS 3331 St. Paul, MN 55146-3331
(CURRENT ADDRESS - THE ADDRESS THE NEW PAYMENT WILL BE MAILED TO)

Aitkin County Warrant Number: 95118 94733 for Severed Min. Interest Tax
(INSERT INVOICE OR VOUCHER INFORMATION)

Issued 1/17/2025 11/24/2024, to Commissioner of Revenue
(INSERT DATE OF WARRANT) (INSERT NAME ON THE ORIGINAL WARRANT)

600 N. Robert MS 3331 St. Paul, MN 55146-3331
(INSERT MAILING ADDRESS ON THE ORIGINAL WARRANT)

In the amount of 4.24 and 54.53 dollars (\$ _____) 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 4/6/26

[Signature]
NOTARY PUBLIC SIGNATURE

My commission expires 1/31/27

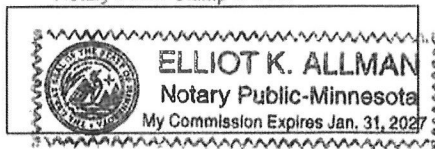
STATE OF: MN
COUNTY OF: Ramsey

You must sign this affidavit before a Notary Public:

[Signature]
(Signature and Title of Affiant)

(Signature and Title of Affiant)

Notary Public Stamp in Box:



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