

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

445 Minnesota Street Saint Paul, MN 55101-5197 Phone: (651) 297-2126 TTY/TDD: (651) 282-6555 Web: <u>drive.mn.gov</u>

Affidavit Regarding Due Diligence

Use this form when your vehicle is six model years or older and it cannot be titled or registered because you do not have the required title documents, pursuant to Minnesota Statutes, section 168A.07.

INSTRUCTIONS:

- 1. Print or type to complete this form: Affidavit Regarding Due Diligence (PS2026).
- 2. The form and additional documents noted below must be submitted at a Deputy Registrar office. To determine the amount due and to find the office nearest to you, visit <u>drive.mn.gov</u> or call (651) 297-2126. **Do not mail in the form.**

VEHICLE DESCRIPTION

,				
Model Year	Make	Model	Туре	Plate Number
Vehicle Identific	ation Number			
FAIR MARKET V	ALUE AND BUYER	SELLER INFORMATION		
List	t the fair market value		air market value, picture (vehicle identification r	es of the vehicle, and etching of VIN or number) are attached.
		nis valuation, such as a printout of t s of the vehicle. Include picture or e		k price guide or other documentation. identification number).
I			(full name of applic	cant) being sworn/affirmed on oath state:
				(address of applicant)
I purchased the		Name of seller	D	Date of Sale
		Address	of seller	
CHECK ALL	condicant must att	ast by checking all hoves		
		est by checking all boxes: older (current calendar year - vehicl	le model vear = six or i	more).
	-	blication for Title, and all required ta	-	
			מאפט מות וכבט וומיט שט	en paiu,
	er of the vehicle; and			
In attempting	cal possession of the g to transfer interest i lue diligence to <i>(chec</i>	in the vehicle or obtain a certificate o	of title or lien release, I	was unable
(A) Dete	ermine the names or	locations of one or more owners, pri	ior owners, or lienholde	ers; OR
(B) Suc	cessfully contact one	or more owners, prior owners, or lie	enholders known to me	÷.
	Acknowledgement bath, that the statements	s set forth herein are true and correct to t	the best of my knowledge	and belief.
			x	
Printed or Type Name of Petitioner (Applicant)			Signature of Petitio	oner (Applicant)
Signed and attested	before me on	(date)		
X				
Notary Signature			—	
County	State	My Commission Expires		Notary Stamp