

Agreement Information Form (AIF)

**GRANTOR INFORMATION**

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| Grantor Full Name(s)\* | Marital Status | Spouse’s Full Name |
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**\*Grantor Name(s) listed above must include all parties listed as owners on current property deed.** Enter names exactly as they appear on the property deed. Indicate full name of **spouse** even if spouse is not shown on the property deed. Any grantor under the age of 18 must have a Guardian sign on their behalf (see below).

INDIVIDUALS SIGNING ON BEHALF OF GRANTORS:

If a Grantor is an entity such as a Trust, LLC, Corporation, or Partnership, or if a different individual has the legal authority to sign on behalf of a Grantor, indicate the name(s) and title(s) of the person(s) who plan to sign below.

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| Name | Title or type of authority | Signing on behalf of |
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Example titles and types of authority: Trustee, Partner, Manager, President, Attorney-in-Fact (AIF/Power of Attorney), Guardian, Personal Representative (PR), etc. **Please include a copy of document(s) providing authority to sign.**

EASEMENT PAYEE INFORMATION

**Easement Payee\***

**Name**

**Address**

**City**

**State**

**Zip**      **Easement Co-Payee(s)**

**Name(s)**

**\***The Easement Payee must be a landowner whose name is also stated on the property deed.

**Is Payee interested in electronic payment?**  Yes  No Click [HERE](https://bwsr.state.mn.us/sites/default/files/2024-04/BWSR-RIM_Electronic_Payment_Guidance.pdf) for more information

*If yes, BWSR will determine if Payee is eligible and contact SWCD with instructions for Payee to apply online.*

**Important Notes:**

* The easement payment can only be issued via a single check or electronic deposit to a single bank account.
* A signed W-9 is required for both the Easement and Conservation Practice Payee (if different). A W-9 is not required for a co-payee.
* The **Easement Payee** name shown above must be identical to the taxpayer’s name stated on the W-9.
* If the landowner is proposing to do a 1031 exchange, contact BWSR for more information.

CONSERVATION PRACTICE PAYEE INFORMATION

**Same as Easement Payee**. If yes, check box and leave Conservation Practice Payee blank.

**Conservation Practice Payee\***

**Name**

**Address**

**City**

**State**

**Zip**      **Conservation Practice Co-Payee(s)**

**Name(s)**