

Minnesota State Bar Association
Certified ▲ Specialist
Real Property Law

Recertification: Verification: Specialist Certification 2017

Print or type information.

Lawyer Applicant Name

I, _____, being duly sworn, certify that I have carefully read the foregoing application and that all information contained therein is true. I fully understand that failure to make a truthful disclosure of any required fact or item of information may result in the denial of my application, or revocation of my Specialist Certification if granted.

Date: _____
Signature of Applicant Lawyer

State of Minnesota, County of _____

Signed and sworn to before me on _____, by _____
(month/day/year)

(insert name of Applicant Lawyer)

(Seal, if any)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

Mail this Application Addendum to the following address no later than Jan. 1, 2017:

Minnesota State Bar Association
Certified ▲ Specialist
600 Nicollet Mall, Suite 380
Minneapolis, MN 55402-1039
612-278-6318 | www.mnbar.org

If you have any questions, please contact Jessica Thomas, Certified Legal Specialists Director, (612) 278-6318 or jthomas@mnbar.org.