

TEMPORARY LICENSE



Minnesota Department of Public Safety
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
drive.mn.gov



Driver's License/ID #: V572-247-513-714

TEMPORARY CREDENTIAL EXPIRATION
02/16/2023

DATE OF BIRTH
04/29/1989

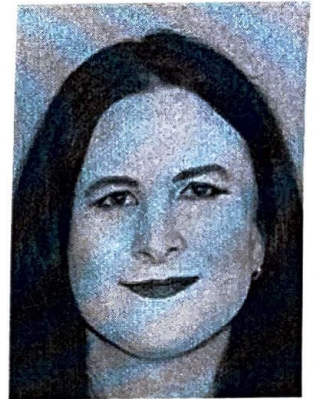
APPLICANT INFORMATION

APPLICATION DATE 10/19/2022

APPLICATION NAME PETERSON, BRIENNE REY

CREDENTIAL INFORMATION

Name	PETERSON, BRIENNE REY		Date of Birth	04/29/1989
DL/ID Number	V572-247-513-714	Height	5ft 8in	
Residence Address	23181 DAHLIA ST NW SAINT FRANCIS MN 55070-8751		Eye Color	Brown
Card Mailed To	23181 DAHLIA ST NW SAINT FRANCIS MN 55070-8751		Sex	Female
Station Location	154 Ham Lake	Weight	160 lbs.	
Credential Type	Standard ID	Organ Donor	No	
Card Type	DL Class D	Veteran Designation	No	
Endorsements	None			
Restrictions	Corrective Lenses			
License Indicators	None			



Brienne Peterson

THIS DOCUMENT IS FOR THE TYPE OF CARD INDICATED UNTIL THE EXPIRATION DATE LISTED ABOVE.

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

THIS IS NOT A STAND-ALONE IDENTIFICATION DOCUMENT

VALID FOR DRIVING PRIVILEGES IF THE RECORD INDICATES

CONTACT US

Visit drive.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555

For additional information about organ, eye or tissue donation, please visit D



Social Security Administration

Important Information

Social Security Administration
SOCIAL SECURITY
TWIN CITIES CARD CTR STE 2
1811 CHICAGO AVE
MINNEAPOLIS, MN 55404-1998
Date: October 18, 2022

167

BRIENNE REY PETERSON
23181 DAHLIA ST NW
SAINT FRANCIS, MN 55070-8751

This is a receipt to show that you applied for a Social Security card on October 18, 2022. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit the Minneapolis Card Center. If you choose to visit the office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Need More Help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 888-847-0392.

SOCIAL SECURITY
TWIN CITIES CARD CTR STE 2
1811 CHICAGO AVE
MINNEAPOLIS, MN 55404-1998

How are we doing? Go to www.ssa.gov/feedback to tell us.

Field Office Manager

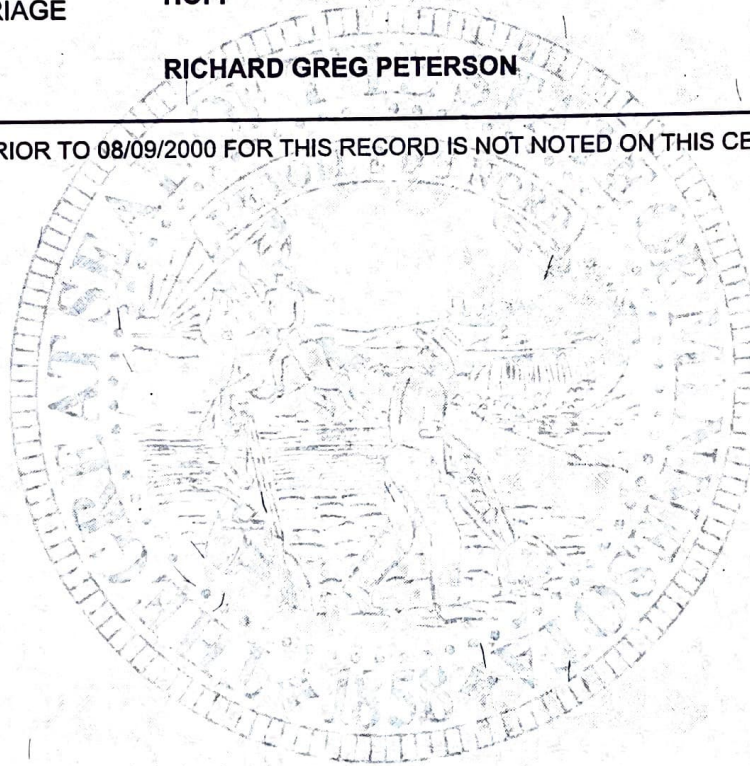
STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER **1989-MN-020584**

FULL NAME **BRIENNE REY PETERSON**
DATE OF BIRTH **APRIL 29, 1989**
SEX **FEMALE**
PLACE OF BIRTH **COON RAPIDS ANOKA MINNESOTA**
PARENT **CHARLENE ELIZABETH PETERSON**
NAME PRIOR TO FIRST MARRIAGE **HOFF**
PARENT **RICHARD GREG PETERSON**

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.



THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
14191552



S22-003021202

FILED: MAY 04, 1989

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: SEPTEMBER 15, 2022 MINNESOTA DEPT OF HEALTH

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



August 16, 2022

State of Minnesota

County <u>Anoka</u>

District Court

Judicial District: <u>10th</u>
Court File Number: <u>02 CV 22-2717</u>
Case Type: <u>Name Change</u>

In the Matter of:

Brandon Richard Peterson
 First Middle Last

**Order Granting Name Change
And Other Relief**

(Minn. Stat. § 259.10, § 144.218, and § 144.2181)

For a change of name to:

Brienne Rey Peterson
 First Middle Last

The above entitled matter came on for hearing before the undersigned Judge on
August 16, 2022 upon the Application for a Name Change and Other Relief. Upon the
 Date testimony and files, THE COURT FINDS the following:

1. The application is made in good faith without intent to defraud or mislead.
2. The applicant(s) has/have lived in the State of Minnesota for at least six months preceding the filing of the application, and now live at: 23181 Dahlia ST NW ST Francis MN 55070
 in Anoka County.
Street City/Town State Zip
3. Name of applicant and date of birth: Brandon Richard Peterson 4/29/1989
4. Name of spouse and date of birth: Krista Paulina Peterson 12/28/1989
 This application does does not include spouse.
5. Name(s) of minor children and date(s) of birth: _____

- This application does not include minor children listed above.
 This application includes the following minor children listed above: _____

6. This applicant requests:

- To have his/her name changed to Brienne Rey Peterson
- To have his/her name changed on birth records created or maintained by the Minnesota Department of Health to Brienne Rey Peterson
- To have his/her sex changed on birth records created or maintained by the Minnesota Department of Health to Female
- To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's former name former sex.
- To have the name of his/her spouse changed to _____
- To have the name(s) of his/her child (ren) changed to _____
- _____
- _____
- _____

7. The applicant (and included spouse or child (ren))

- Has not been convicted of a felony in any state.
- Has been convicted of a felony as follows: _____

AND Proper notice has been given to the prosecuting authority and Minnesota Attorney General
AND No objection has been filed.

8. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary.)

- Applicant See attachment
- Spouse _____
- Child (ren) _____
- _____

9. Other: _____

The application is granted and IT IS ORDERED that:

- The legal name of the Applicant shall be Brienne Rey Peterson
- The legal name of the spouse shall be _____

The legal names of the minor child (ren) shall be _____

The Minnesota Department of Health shall change the name on the birth record from _____
Brandon Richard Peterson to Brienne Rey Peterson

The Minnesota Department of Health shall change the sex on the birth record from Male to
Female.

The Minnesota Department of Health shall issue and register a replacement birth record for the Applicant. The prior birth record shall be confidential pursuant to Minn. Stat. § 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

The replacement birth record shall not include any reference to the Applicant's

former name

former sex

and


shall reflect the Applicant's current legal name of _____

shall reflect the sex designation of _____

All persons having a criminal history who have been granted a name change by this court have a duty to report that name change to the Bureau of Criminal Apprehension within ten (10) days of this order.

Other _____

Dated: _____


Mueller, Kevin
(Anoka Judge)
2022.08.16
20:43:20 -05'00'

Judge of District Court

STATE OF MINNESOTA, COUNTY OF ANOKA
Certified to be a true and correct copy of the
original on file and of record in my office.

**DUTY TO REPORT NAME CHANGE
Minn. Stat. § 259.11B**

Court Administrator
By: 
Deputy
8/22/22

If you have a criminal history and have changed your name, you have a duty to report your name change to the Bureau of Criminal Apprehension located at 1430 East Maryland Avenue, St Paul, MN 55106, (651)793-2400, within ten (10) days of this order. Failure to do so is a gross misdemeanor punishable by up to one (1) year in prison and/or a fine of \$3000.

ANOKA COUNTY MINNESOTA
Document No.: 2284418.001 ABSTRACT
10/22/2020 01:51 PM
Fees/Taxes in the Amount of: \$1,024.50
Pamela J. LeBlanc
Anoka County Property Records and Taxation
Property Tax Administrator and
Recorder/Registrar of Titles
Deputy: jmwashbu
Transfer Entered Certificate of Real Estate Value Filed
Delinquent Taxes Certified
eCrv #: 1167871

(Top 3 inches reserved for recording data)

WARRANTY DEED

Minnesota Uniform Conveyancing Blanks
Form 10.1.1 (2016)

Individual(s) to Individual(s)

eCRV number: 1167871

DEED TAX DUE: \$ 973.50

DATE: 10/16/2020
(month/day/year)

FOR VALUABLE CONSIDERATION, Jacob A. Panzer and Ashley R. Panzer, married to each other ("Grantor"),
hereby conveys and warrants to Brandon Peterson and Krista Peterson ("Grantee"), as

(Check only one box.) tenants in common,
 joint tenants,

(If more than one Grantee is named above and either no box is checked or both boxes are checked,
this conveyance is made to the named Grantees as tenants in common.)

real property in Anoka County, Minnesota, legally described as follows:

See Exhibit "A" Attached Hereto and Made a Part Hereof.

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto, subject to the following exceptions:

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described property.
- A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: _____.)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Jacob A. Panzer
Jacob A. Panzer

Ashley R. Panzer
Ashley R. Panzer

STATE OF MINNESOTA, COUNTY OF RAMSEY

This instrument was acknowledged before me on 2nd day of Oct, 2020 by Ashley R. Panzer, married to Jacob A. Panzer.

[Signature]
Signature of notarial officer

Notary Public
Title and Rank



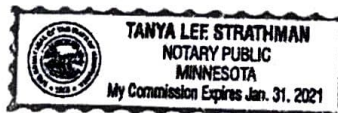
My Commission Expires: 1/31/21

STATE OF MINNESOTA, COUNTY OF RAMSEY

This instrument was acknowledged before me on 2nd day of Oct, 2020 by Jacob A. Panzer, married to Ashley R. Panzer.

[Signature]
Signature of notarial officer

Title and Rank



My Commission Expires: 1/31/20

THIS INSTRUMENT WAS DRAFTED BY:
Watermark Title Agency
100 Village Center Drive
Suite 245
North Oaks, MN 55127
File No. 74931

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
Brandon Peterson and Krista Peterson
23181 Dahlia Street NW
St. Francis, MN 55070

EXHIBIT "A"
LEGAL DESCRIPTION

Lot 7, Block 1, Turtle Run 2nd Addition, Anoka County, Minnesota.