

After Recording Return To:
City of Lake Stevens Planning and Community Development
1812 Main Street / PO Box 257
Lake Stevens, WA 98258-0257

AFFIDAVIT OF BOUNDARY LINE ADJUSTMENT

DATE STAMP

FILE NO. _____

1/4 _____ 1/4 _____

SEC _____ TWP _____ RNG _____

Related Subdivision _____

Zoning _____

Under Chapter 14.18 LSCM)
State of Washington)
County of Snohomish)

Name of Conveyors(s) _____

Address _____ City _____ State _____ Zip _____

Contact Telephone _____

Property Tax Account Number(s) _____

Name of Receiver(s) _____

Address _____ City _____ State _____ Zip _____

Contact Telephone _____

Property Tax Account Number(s) _____

Contact Person (if different from Owners) _____

Address _____ City _____ State _____ Zip _____

Contact Telephone _____

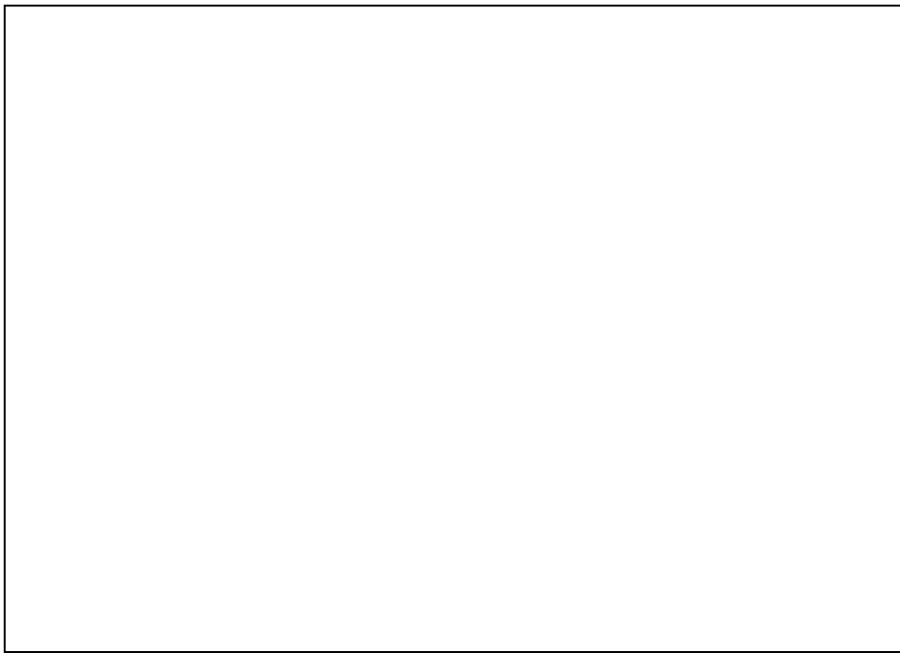
Method of Sewage Disposal: Septic Sewer Other: _____

Record of Survey AFN: _____

VICINITY MAP

Include North Arrow and Scale

(May be submitted on
separate sheet)



(NOT AN INSTRUMENT TO CONVEY NOR OF CONVEYANCE)

1. **Current Ownership.** The undersigned are the respective owners of the following legally described parcels of property lying adjacent to each other (use additional pages if necessary or reference to "see attached"):
 - a. Parcel No. 1 (Conveyor):

constituting approximately ____ acres or _____ square feet.
 - a. Parcel No. 1 (Receiver):

constituting approximately ____ acres or _____ square feet.
2. **Proposed Conveyance.** The undersigned are considering the transfer of ownership of the following portion of the above described Conveyors ownership to the Receiver:

constituting approximately ____ acres or _____ square feet.

FOR ADDITIONAL CONVEYANCES, ATTACH SEPARATE SHEET

3. **Boundary Line Adjustment.** It is the intent of the undersigned that the proposed conveyance would constitute a boundary line adjustment. Accordingly, the undersigned acknowledges the following:

- a. The proposed conveyance would not detrimentally affect access to the preceding parcels;
- b. Each resulting lot has an accessible building area as defined by Chapter 14.48 LSCM unless a building area does not exist on the original lot(s);
- c. City approval of this boundary line adjustment does not guarantee or imply that the subject property may be developed or subdivided, and that boundary line adjustment approval may not be grounds for approval of subsequent modification or variance requests;
- d. No new lot would be created by the proposed conveyance, but rather the conveyed property together with the receiver's existing ownership, described on the preceding page would constitute a single lot and be described as follows: (Include as attached exhibit as needed)

constituting approximately _____ acres or _____ square feet; and

f. The conveyor's ownership after the proposed conveyance would not be reduced in size below the minimum required square footage nor would it violate other Zoning Code requirements. The conveyor's ownership would now be described as follows: (Include as attached exhibit as needed)

constituting approximately _____ acres or _____ square feet.

4. Signatures. The signatures below are of the **Owner(s)** of the property and must be signed in the presence of a notary public. Use the attached acknowledgement(s) as necessary.

(NOT AN INSTRUMENT TO CONVEY NOR OF CONVEYANCE)

Conveyor: _____
Signature _____ Date _____

(Typed or Printed) _____

Conveyor: _____
Signature _____ Date _____

(Typed or Printed) _____

Receiver: _____
Signature _____ Date _____

(Typed or Printed) _____

Receiver: _____
Signature _____ Date _____

(Typed or Printed) _____

DETERMINATION

On the basis of the representations hereby submitted, I conclude that the proposed Boundary Line Adjustment is consistent with applicable city plans and development regulations and that the proposed Boundary Line Adjustment is APPROVED under the provisions of Chapter 14.18 of the Lake Stevens Municipal Code.

Approved By: (Print Name) _____

Signature _____ Date _____

Director of Planning & Community Development

NOTARY CERTIFICATION

Individual Acknowledgement:

STATE OF WASHINGTON)
) SS
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN to me this ____ day of _____, 20_____

_____ (Signature)

_____ (Printed Name)

Notary Public in and for the State of Washington,
residing at _____.

My appointment expires _____.

Individual Acknowledgement:

STATE OF WASHINGTON)
) SS
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN to me this ____ day of _____, 20_____

_____ (Signature)

_____ (Printed Name)

Notary Public in and for the State of Washington,
residing at _____.

My appointment expires _____.

NOTARY CERTIFICATION

Representative Acknowledgement:

STATE OF WASHINGTON)
) SS
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/were authorized to execute the instrument and acknowledged it as the _____ of _____ to be
(name of authority, e.g. officer, trustee,etc.) (name of party on behalf of who instrument was executed)
the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN to me this _____ day of _____, 20_____.

_____ (Signature)

_____ (Printed Name)

Notary Public in and for the State of Washington,
residing at _____.

My appointment expires _____.