**After recording return to:**

Name

Attn: Name

Address

City, State Zip Code

|  |
| --- |
| **DECLARATION OF LOT COMBINATION** |
| Grantor: | Name of grantor |
| Grantee: | CITY OF AUBURN, a Washington municipal corporation |
| Abbreviated Legal Description: | abbreviated legal description (complete legal descriptions in Exhibit A)  |
| Assessor's Property Tax Parcel/Account No.: | xxxxxx-xxxx; xxxxxx-xxxx |
| Reference Numbers of Documents Assigned or Released:  |  |

 THIS DECLARATION OF LOT COMBINATION is made pursuant to Auburn City Code, Title 17 and the Revised Code of Washington, Section 58.17.040(6), by the Declarant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for purpose of eliminating interior lot lines between contiguous parcels owned in fee simple by Declarant, which Real Property is currently legally described in **Exhibit A** and depicted in **Exhibit B** (“Real Property”), and then aggregating the Real Property into one parcel, as revised and legally described in **Exhibit C** and depicted in **Exhibit D**.

 NOW, THEREFORE, in consideration of the mutual benefits to the Real Property and Declarant, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Declarant does for itself, and its successors and assigns, make, grant and declare a boundary line elimination and declares that such elimination shall revise the legal description of the Real Property as set forth in **Exhibit C** and as depicted on **Exhibit D**.

 IN WITNESS WHEREOF, the undersigned has executed this instrument as of this day of \_\_\_\_\_\_\_\_\_, 20\_\_.

(DECLARANT)

PRINTED NAME

By:

Name

Its:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF WASHINGTON )

) ss.

COUNTY OF KING )

I certify that I know or have satisfactory evidence that \_\_\_\_\_\_\_\_\_\_ is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Name:

Notary Public in and for the State of

Residing at

My appointment expires:

**APPROVAL**

Examined and approved this day of , 20\_\_\_\_.

CITY OF AUBURN

By:

Print name:

Title: