

****PREPARER** must fill out the information below:

After Recording Return Original To:

Leave a 2" x 4" space for County
Recorders information

E X A M P L E

(Items in BOLD FACE are instructions only and shouldn't be shown on final document)

CONDOMINIUM PLAT CONSENT AFFIDAVIT

I, **(We)** _____, beneficiary**(ies)** of that Trust Deed **(/or/)** owner**(s)** of that property **(/or/modify as necessary)** as recorded in **(Document Number)**, Clackamas County Deed Records, hereby consent and agree to the conditions of and the platting of **(name of plat)** _____, to be recorded in Clackamas County Plat Records.

Beneficiary Name: _____

Address: _____

This Plat is prepared by **(Name of Surveyor)** _____ of **(Name of Survey Firm)** _____.

****NOTE: this document must be signed, correctly NOTARIZED, and returned to the County Surveyor's Office to be recorded with the condominium plat. ALSO, the plat mylars must be annotated as follows:**

"A CONDOMINIUM PLAT CONSENT AFFIDAVIT BY _____, BENEFICIARY UNDER DEED OF TRUST (or OWNER UNDER VESTING DEED) RECORDED IN INSTRUMENT NO. _____ (leave blank) OF THE CLACKAMAS COUNTY DEED RECORDS."

****Blank space below will be filled in at recording:**

FOR COUNTY CLERK / COUNTY SURVEYOR INFORMATION:

CONDOMINIUM PLAT# _____