

## CONTIGUOUS LOT FORM

This Declaration, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ is executed by the undersigned parties who are the deeded owners of the two properties to be combined in Dearborn County, Indiana, and given for the purpose stated below.

### WITNESSETH

WHEREAS, the undersigned has constructed or has submitted plans for construction, of a single family residence or an accessory building which will be situated upon one or both owned by the undersigned and, WHEREAS, the aforementioned improvements, according to the plans and specifications and the site plan submitted to the Dearborn County Planning Commission, reflect and encroachment over the established side line restrictions for one or both lots, or the contemplated improvements may give rise to further restriction violations by the utilization and combination of both lots in the manner set forth herein.

NOW, THEREFORE, the undersigned for valuable consideration does hereby declare and stipulate as follows:

Lots \_\_\_\_\_ Subdivision \_\_\_\_\_

Parcel # (s) \_\_\_\_\_

Acreage (s) \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

DR Book and Page (s) \_\_\_\_\_

Instrument Number (s) \_\_\_\_\_

Owned in fee simple by the undersigned, from and after the date hereof; be designated of record as one building site.

This Declaration is made for the purpose of establishing the two subject lots set from above as one building

lot for the purpose \_\_\_\_\_

\_\_\_\_\_

IN WITNESS WHEREOF, the undersigned hereby executed this instrument as of the day and year first above written.

LOT OWNER:

LOT OWNER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

**NOTARY**

STATE OF INDIANA

COUNTY OF: Dearborn County

Before me, the undersigned a notary Public in and for the State of Indiana, on this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_, personally appeared \_\_\_\_\_. Who acknowledged the execution hereof.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Resident of: (County)

My Commission Expires:\_\_\_\_\_

This Instrument was prepared by:

\_\_\_\_\_  
Print

"I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."

\_\_\_\_\_  
Print