

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 all related purposes.

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

SIGNATURE WITNESS

On this day _____, 20____, the undersigned authority personally appeared before me and proved to me through satisfactory evidence of identity:

To be the person whose name is signed on the attached document signed in my presence,

Witness Signature	Date	Printed Name
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STATE OF: _____)

COUNTY OF: _____)

Notary Seal, if any)

Given as witness by my hand and official seal: _____
Notary's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public County

My commission expires: _____