## BOUNDARY LINE ADJUSTMENT NO.\_\_\_\_

KING COUNTY, WASHINGTON

## DECLARATION

KNOW ALL MEN BY THESE PRESENTS THAT WE THE UNDER- SIGNED OWNER(S) OF THE LAND HEREIN DESCRIBED DO HEREBY MAKE A BOUNDARY LINE ADJUSTMENT THEREOF PURSUANT TO RCW 58.17.040 AND DECLARE THIS ADJUSTMENT TO BE THE GRAPHIC REPRESENTATION OF THE SAME, AND THAT SAID ADJUSTMENT IS MADE WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE OWNER(S) IN WITNESS WHEREOF WE HAVE SET OUR HANDS AND SEALS.

NAME	NAME
AME	NAME
(INDIVIDUAL:)	
STATE OF WASHINGTON	)
COUNTY OF KING	)
On this day personally appear	ar before me , to me known to be the
individuals(s) described in an foregoing instrument, and ac	nd who executed the within and knowledged that he/she signed the untary act and deed, for the uses and
GIVEN under my hand and o 20	official seal this day of,
signature Notary Public in and for the S My commission expires  (OR, IF CORPORATION):	<u> </u>
STATE OF WASHINGTON	)
COUNTY OF KING	)
On this day personally appea	ar before me , to me known to be the , of
instrument to be the free and corporation for the uses and	trument, and acknowledged the said voluntary act and deed of said purposes therein mentioned, and on authorized to execute the said
GIVEN under my hand and o 20	official seal this day of,
signature	<del></del>

APPROVAL	APPROVAL NOTES:	RECORDING NO.	VOL./PAGE
DEPARTMENT OF LOCAL SERVICES, PERMITTING DIVISION APPROVED THIS DAY OF, 20	THIS REQUEST QUALIFIES FOR EXEMPTION UNDER KCC 19A.28. IT DOES NOT GUARANTEE THAT THE LOTS WILL BE SUITABLE FOR DEVELOPMENT NOW OR IN THE FUTURE. THE LEGAL TRANSFER OF THE PROPERTY MUST BE DONE BY SEPARATE INSTRUMENT UNLESS ALL LOTS HEREIN ARE UNDER THE SAME OWNERSHIP.		
PRODUCT LINE MANAGER - SINGLE FAMILY KING COUNTY DEPARTMENT OF ASSESSMENTS		SCALE: 1 INCH = FT.	0
EXAMINED & APPROVED THIS DAY OF, 20		PORTION OF	
KING COUNTY ASSESSOR DEPUTY KING COUNTY ASSESSOR		1/4 of1/4, S	, TN., RE.,W.M

## RECORDER'S CERTIFICATE \_\_\_\_\_ LAND SURVEYOR'S CERTIFICATE

FILED FOR RECORD THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_ AT \_\_M
IN BOOK \_\_\_\_OF \_\_\_ AT PAGE \_\_\_AT THE REQUEST OF

SURVEYOR'S NAME

MANAGER SUPT. OF RECORDS

NAME OF PERSON
(SIGNED AND SEALED)
CERTIFICATE NO.

COMPANY

SURVEYOR STREET ADDR., CITY, ST ZIPCODE (206) 296-0000 FAX (206) 296-6613

## Project Title

	-		
DWN. BY	DATE	JOB NO.	
CHKD. BY	SCALE	SHEET	OF