



Innocent Purchaser Affidavit

Owner(s)					
FULL NAME, OWNER 1		PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS			CITY	STATE	ZIP CODE
FULL NAME, OWNER 2		PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		Same as Owner 1	CITY	STATE	ZIP CODE

Property Information	
PARCEL ADDRESS(ES) If available	PARCEL/TAX LOT NUMBER(S)

State of Washington, County of King, _____
 and _____ being first duly on oath, depose(s) and state(s):

1. On _____, I (We) purchased the following described real estate:

Innocent Purchaser Affidavit, continued

2. Attached to this statement are true and correct copies of all documents signed by me (us) relating to the purchase of the above described real estate. These documents are:

3. I paid _____ for the property. I have attached copies of appraisals, if any exist, upon which fair market value can be determined.
4. I (We) have have not made application for innocent purchaser status in King County previously. Attach an explanation of all previous innocent purchaser applications.

I (We) am (are) aware that the purpose of filing this statement is to obtain recognition by King County of the property(ies) described in paragraph 1 above as a separate lot(s), by establishing to the satisfaction of the responsible County officials that I (we) purchased this property(ies) for value and without actual knowledge that it was sold in violation of state and local regulations regarding the subdivision of property. I (We) am (are) further aware that any false statements contained in this statement may lead to the revocation of County recognition of the property(ies) described in paragraph 1 as a separate lot(s) and the revocation of all development permits which may have been issued with respect to this lot(s).

OWNER 1, SIGNATURE

SUBSCRIBED and SWORN to before me this _____ day of _____ 20_____

_____ NOTARY PUBLIC in and for the State of

Washington, residing at:

My Commission Expires at: _____

Notary Seal or Stamp

Innocent Purchaser Affidavit, continued

OWNER 2, SIGNATURE

SUBSCRIBED and SWORN to before me this _____ day of _____ 20_____

_____ NOTARY PUBLIC in and for the State of

Washington, residing at:

My Commission Expires at: _____

Notary Seal or Stamp