

Planning Department
414 East Callender Street, Livingston, MT 59047 Telephone 406.222.4102 Fax 406.222.4109 Email planning@parkcounty.org

Family Transfer Recipient Exemption Affidavit

RE: Recipient(s) Affidavit for Family Trans	fer Plat	
for(Name of Property Owner(s))		-
DOR #:		
Dear Board of Commissioners:		
I,(Recipient's Name(s))	, the r	recipient of the family
transfer parcel(s) being platted by the above	-referenced plat, o	certify that:
1. I/we have not received another parcel in l	Park County as a	result of a family transfer (if applicable).
2. The transferred parcel will not, except fo date of approval, and	or a involuntary sa	ale, be sold for a period of three years from the
		rpose of circumventing subdivision ordinance ence for the grantees within the boundaries of
I/We am/are related to the property owner(s)) by the following	relationship (check all that apply):
ParentS	Spouse	
Sibling 0	Child (to include i	natural or legally-defined offspring only)
Sincerely,		
(Recipient)		(Recipient)
State of Montana County of Park		
To Wit:		
I,, a certify that the person(s) whose name(s) si Day of, 20, has acknown	igned to the abov	
Given unto my hand this da	ay of	, 20
My commission expires:(Notary Public)		