

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 I	amily Transfer Plat	
for(Name of Property Ov		
(Name of Property Ov	vner(s))	
DOR #:		_
Dear Board of Commissioners:		
I,(Recipient's	Name(s))	, the recipient of the family
transfer parcel(s) being platted	by the above-reference	ed plat, certify that:
1. I/we have not received anoth	ner parcel in Park Cou	nty as a result of a family transfer (if applicable).
2. The transferred parcel will r date of approval, and	not, except for an invo	luntary sale, be sold for a period of two years from the
		or the purpose of circumventing subdivision ordinance of residence for the grantees within the boundaries of
I/We am/are related to the prop	erty owner(s) by the f	following relationship (check all that apply):
Parent	Spouse	
Sibling	Child (to	include natural or legally-defined offspring only)
Sincerely,		
(Recipient)		(Recipient)
State of Montana County of Park		
To Wit:		
I,	, a Notary is name(s) signed to, has acknowledge	Public in the County and State aforesaid do hereby the above writing bearing date on the and before me in my city and state aforesaid.
Given unto my hand this	day of	, 20
My commission expires:(Notary Public)		·