



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

Please list all contiguous tax lots under the same ownership that subject to the claim

Legal Description:

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|---|---|
| 1 | 3 |
|---|---|

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|---|---|
| 1 | 2 |
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|---|---|
| 3 | 6 |
|---|---|

| | |
|---|---|
| D | B |
|---|---|

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 4 | 0 | 0 |
|---|---|---|---|---|

T R Section Sub-Section Tax Lot

Date Acquired 9/7/1978 Current Zoning RR-2 Zoning on Date Acquired A-2

Legal Description:

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|---|---|
| 1 | 3 |
|---|---|

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|---|---|
| 1 | 2 |
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| 3 | 6 |
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|---|---|
| D | B |
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| 0 | 2 | 3 | 0 | 0 |
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T R Section Sub-Section Tax Lot

Date Acquired 2/27/1978 Current Zoning RR-2 Zoning on Date Acquired R3

Legal Description:

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T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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T R Section Sub-Section Tax Lot

Have you filed any previous claims for compensation for this property with Lincoln County or the State of Oregon? Yes No

If yes, please describe the claim filed and status and/or disposition of the claim.

Simultaneously Measure 37 Claim filed with the State of Oregon.

Signature of Owner(s) or authorized Agent:

All owners with an interest in the subject property or their duly authorized agent must sign

By signing below, I am certifying that the information contained in and attached to this form is accurate and complete.

 Claimant Owner's Signature (Required)
Jack C. Eriksen

 Print Name

 Date

 Other Owner(s) / Agent Signature

 Print Name

 Date