



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: 12.1.06 Case File Number: 118-LKPLCC-06-1344 Staff Initials: _____
 Fee: _____ Current Zoning: _____ Comp. Plan: _____ Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____



TO BE COMPLETED BY CLAIMANT / OTHER OWNER(S) / AGENT

Claimant Property Owners
 Claimant Property Owners: Troyer, Phyllis M., Trustee of the Phyllis M. Troyer Revocable Living Trust u/a/d 3/20/97
 Last First Middle
 Mailing Address: 1244 SE Bay Blvd.
 City: Newport State: Oregon Zip: 97365
 Phone Number: (541) 444 - 2002

Other Property Owners
 Please list all owners other than claimants with an interest in the property

Other Property Owner: N/A

Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Other Property Owner: _____

Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Other Property Owner: _____

Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Agent
 Name of Agent: Bartoldus, Dennis L.
 Last First Middle
 Mailing Address: P.O. Box 1510
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265 - 5400



Lincoln County Department of Planning & Development

210 SW 2nd Street, Newport, OR 97365
Phone (541) 265-4192 Fax (541) 265-6945

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 (4 listed below, 2 on next page).

Legal Description:

1	0
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1	0
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0	1
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0	2	0	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 11/25/92 Current Zoning TC Zoning on Date Acquired _____

Legal Description:

1	0
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1	0
---	---

0	1
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2	1	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 3/9/93 Current Zoning TC Zoning on Date Acquired _____

Legal Description:

1	0
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1	0
---	---

0	2
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D	
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	2	6	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 11/27/96 Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

1	0
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1	0
---	---

1	1
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0	0	1	0	0
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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.

A claim is being filed with the State of Oregon simultaneously with this claim.

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.

Phyllis M. Troyer, Trustee Phyllis Troyer Dennis L. Bartoldus
 Claimant Owner's Signature (Required) Other Owner(s) / Agent Signature
 Phyllis M. Troyer, Trustee Dennis L. Bartoldus

Print Name November 27, 2006
 Date

Print Name November 27, 2006
 Date

**Continuation of Property Description on Lincoln County Land Use Regulation
Compensation Claim for Phyllis M. Troyer, Trustee**

Legal Description: T 10 R 10 Section 11 Tax Lot 105
Date Acquired: _____ Current Zoning: AC Zoning on Date Acquired: AC-10

Legal Description: T10 R10 Section 11 Tax Lot 106
Date Acquired: _____ Current Zoning: AC Zoning on Date Acquired: AC-10