



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 STAFF

Date Received: 11/27/06 Case File Number: 26-LURCC-06-1250 Staff Initials: MD
 Fee: NA 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: MIAMI CORPORATION
 Last First Middle
 Mailing Address: 270 SW Hill Road
 City: McMinnville State: OR Zip: 97128
 Phone Number: ()

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: Corbin Greg D.
 Last First Middle
 Mailing Address: Stoel Rives LLP, 900 SW 5th Avenue, Suite 2600
 City: Portland State: OR Zip: 97204
 Phone Number: (503) 294-9632





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LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description SEE WRITTEN NARRATIVE, SECTION 1

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

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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. Yes No

A claim is being filed with the State of Oregon in conjunction with this claim
filed in Lincoln County.

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.

Greg D. Corbin for Miami Corporation _____
 Claimant Owner's Signature (Required) Other Owner(s) / Agent Signature

Greg D. Corbin, Steel Lives LLP _____
 Print Name Print Name

11/21/06 _____
 Date Date