



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

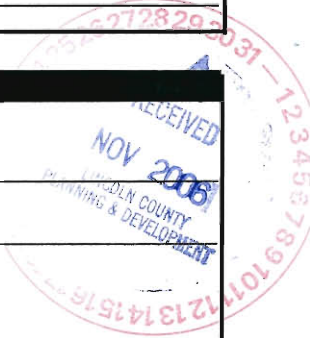
Date Received: _____ Case File Number: 53-LURCC-06-1288 Staff Initials: _____
 Fee: _____ Current Zoning: _____ Comp. Plan: _____ Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____

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

Claimant Property Owners
 Claimant Property Owners: Plum Creek Timberlands, L.P. c/o Kathleen Sims

Last First Middle

Mailing Address: Attention: Legal Department, 999 Third Avenue, Suite 4300
 City: Seattle State: Washington Zip: 98104
 Phone Number: (206) 467 - 3600



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

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: () -

Other Property Owner: _____

Last First Middle

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

Agent
 Name of Agent: _____

Last First Middle

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



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

See Attachment A

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. _____

A similar claim is being filed concurrently 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.

Plum Creek Timberlands, L.P.

By: Plum Creek Timber I, LLC

Its: General Partner

Other Owner(s) / Agent Signature

By:
Thomas M. Lindquist

Its: Executive Vice President

Print Name

Print Name

Claimant Owner's Signature (Required)

November 29, 2006

Date

Date

**ATTACHMENT A
PROPERTY INFORMATION**

Property Number	Township	Range	Section	Tax Lot	Current Zoning	Previous Zoning
R327581	09	10	06	300	T-C	NONE

For complete legal description see Parcel 81 in Doc. 434/1939

Assessor's Maps follow: