

**For Marathon County
unincorporated areas only**



Fee: \$100.00
(Includes Register of Deeds Recording Fee)

Both forms must be completed.

Parcel Combination Application

Use **BLACK INK** only

Parcel Identifier Number (PIN) / Description: Parcel numbers can be located on your tax bills
(xxx.xxxx.xxx.xxxx) Please list the parcel number for all the parcels being combined.

Owner(s) Name(s): Enter the names exactly as they appear on each of your tax bills for the parcels being combined.

Required Signatures:

Owner shall obtain the signature/date from:

- ▶ the municipality (#1) and
- ▶ the assessor (#10), and then return the document to CPZ

Marathon County Conservation, Planning and Zoning (CPZ) will review #6, 7, 8, & 9, sign and date.

CPZ will forward the document to the County Treasurer/Property Lister for review of #2, 3, 4, 5, signature and date.

Parcel Combination Affidavit

Use **BLACK INK** only

Affidavit Date: The date you are completing this form.

Parcel Identifier Number (PIN) / Description: Parcel numbers can be found on your tax bills
(xxx.xxxx.xxx.xxxx) Please list the parcel number for all the parcels being combined.

Owner(s) Name(s): Enter the names exactly as they appear on each of your tax bills for the parcels being combined.

Legal Descriptions: Enter the legal description of each parcel (to match the above PIN). Legal descriptions can be found on your tax bill and should be different for each parcel
(i.e. NE $\frac{1}{4}$ NE $\frac{1}{4}$, Section 15, T30N, R8E, or Lot 1 CSM Vol 15 Pg 800, Section 15, T30N, R8E)

Name and Return Mailing Address: Enter the name and mailing address of the person to whom this form should be returned after recording.

Read the text of the agreement!

The owner(s) must **sign the form before a notary public**. The Marathon County Conservation, Planning and Zoning Department have staff that are notaries. Please call prior to coming into the office to make sure someone will be available to notarize the affidavit. Financial institutions also usually have a notary on staff.

Drafted by: Enter the name of the person completing the affidavit form.

Do **not** fill out the newly combined PIN line – please leave this blank.



PARCEL COMBINATION APPLICATION

Parcel ID Number (PIN) #1 _____

Parcel ID Number (PIN) #2 _____

Parcel ID Number (PIN) #3 _____

Can find these numbers on your tax bills: x x x . x x x x . x x x . x x x x

Owner(s) name(s) as appearing on all tax bills for parcels contained in this request.

All parcels included in the combination shall:

Municipality

- 1. Not conflict with local ordinances.

Signature: _____

Date: _____

County Treasurer and/or
Real Property Lister

- 2. Have identical ownership.
- 3. Be located within the same taxation district.
- 4. Have no taxes due on any of the parcels.
- 5. Not be under a land contract.

Signature: _____

Date: _____

Conservation, Planning and Zoning

- 6. Be contiguous and located within the same municipality.
- 7. Not conflict with county or state ordinances.
- 8. Not violate covenants restricting the combination.
- 9. Not alter the exterior boundary of any recorded subdivision.

Signature: _____

Date: _____

Assessor

- 10. be combined for taxation purposes.

Signature: _____

Date: _____

11. Combinations in the current year will appear on the following year's assessment roll and tax bill.

12. A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements, and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels.

All four(4) signature blocks MUST BE COMPLETED PRIOR TO RECORDING the Combined Parcel Affidavit

Conservation, Planning & Zoning Department

PARCEL COMBINATION AFFIDAVIT

This affidavit is made by the owner(s) to combine parcels identified below.

Affidavit Date: _____	
Parcel Identifier Number (PIN) Description #1 _____ Parcel Identifier Number (PIN) Description #2 _____ Parcel Identifier Number (PIN) Description #3 _____ From tax bills: x x x . x x x x . x x x . x x x x	Owner(s)(name(s)) (As appearing on <u>all</u> tax bills for parcels contained in this affidavit.)
I (we), owner(s), acknowledge that this affidavit is to combine parcels under my/our ownership.	
Legal Land Description #1 _____ _____ _____	Name and Return Mailing Address: Phone Number: _____
Legal Land Description #2 _____ _____ _____	
Legal Land Description #3 _____ _____ _____	

Any effects of combining parcels are the owner's responsibility.

This combination may not be revoked. All landowner(s) must comply with land division ordinances in effect at the time of any further division.

This agreement is binding upon the owner and his/her heirs, successors, and assigns.

The owner shall record the Parcel Combination Affidavit with the Marathon County Register of Deeds in a manner which will permit the existence of the affidavit to be determined by reference to the property

Owner(s) Name(s) - Please print: <hr style="border: 1px solid black;"/> Notarized Owner(s) Signature(s):	This instrument was acknowledged before me on this date: _____ by _____ <div style="text-align: center;"><i>Owner(s)</i></div> _____ Notary Public- Marathon County, State of WI My commission expires: _____	Marathon County CPZ Official Name - Please print:
		Marathon County CPZ Official Title - Please print:
		Marathon County CPZ Official Signature:

Drafted by: _____
Required - Person completing this document

Personal information you provide may be used for secondary purposes [Privacy Law.s.15.04(1)(m)]
 O:\CPZ\FORMS\CombinedParcelAFFIDAVIT.doc 4/16

Black Ink Only

Newly combined Parcel Identification Number (PIN): _____

To be completed by Real Property Lister