DECLARATION OF EASEMENT

Tax Parcel numbers of real properties in this Declaration of Easement

Assessor Tax Parcel Numbers:_________________________ ______________________________

Grantor(s):_______________________________________________________________

Grantee(s):_______________________________________________________________

LEGAL DESCRIPTION OF REAL PROPERTY AFFECTED:

Lot(s)_______, Block_______, of ________________________________

Section ________, Township __________ N, Range _____________ WM

ASSESSOR'S TAX PARCEL NUMBER(S): ________________________________

FOR a valuable consideration, receipt of which is hereby acknowledged, the GRANTOR(s) ____________________, owners of the above mentioned property hereby grant, convey, establish and create an easement for the placement, maintenance, construction, reconstruction, repair and upkeep of a primary and reserve drainfield for septic tank and sewer line leading thereto, including the cutting and removal of brush, trees and other obstructions which interfere with the use of said easement, together with the rights of ingress, egress, and regress, over, under, along and across the following described portion of the above referenced property: (enter legal description of the area encumbered by the drainfield easement on the GRANTOR'S property, use attachment if necessary)
Said easement is appurtenant to and for the benefit of the GRANTEE(s) ________________, the present owners, their heir, future owners, successors, and assigns of the following described property: (GRANTEE’S legal description, location of residence served by drainfield)

LEGAL DESCRIPTION OF REAL PROPERTY BENEFITED:
Lot(s) _______, Block _______, of ____________________________
Section _______, Township _________ N, Range _________ WM
ASSESSOR’S TAX PARCEL NUMBER(S): _______________________________________
Site Address: __________________________________________________________________

SAID EASEMENT SHALL BE CANCELED ONLY AT SUCH TIME AS THE JEFFERSON COUNTY PUBLIC HEALTH WILL APPROVE CANCELLATION OF SAME.

IN WITNESS THEREOF, the undersigned have hereunto set their hand and seal this _______day of ______________, 20____.

GRANTOR(s)                                 GRANTEE(s)
________________________________________  __________________________________
________________________________________  __________________________________

Acknowledgment:
SUBSCRIBED AND SWORN to before me this _______ day of ______________ 20__

______________________________________
Notary public in and for the State of_____________, residing in _________________.
My commission expires: ______________________