

# LOT SPLIT AFFIDAVIT

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I swear that I am the owner of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ which is the subject of the attached request  
for lot consolidation, and is shown in the records of \_\_\_\_\_  
County, Kansas.

I authorize the person named below to act as my agent in the pursuit of this application for the  
consolidation of the subject properties.

\_\_\_\_\_  
NAME OF APPLICANT \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_  
APPLICANT'S TELEPHONE # \_\_\_\_\_  
NAME OF OWNER \_\_\_\_\_  
SIGNATURE OF OWNER \_\_\_\_\_  
\_\_\_\_\_

## NOTORIAL STATEMENT FOR PROPERTY OWNER

Sworn to and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public