

Prepared by:

(Name)

(Address)

Date of Recording:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**TIE-TO AFFIDAVIT  
TO HOLD PROPERTY AS ONE PARCEL**

The undersigned hereby certify that we are the owners of real property located in the County of LaGrange, State of Indiana that is legally described as follows or attach a copy of the deed for the properties.

LOTS (S) \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ DEED RECORD # \_\_\_\_\_

LOTS (S) \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ DEED RECORD # \_\_\_\_\_

Parcel # \_\_\_\_\_

as recorded in the Records of LaGrange County, Indiana. This property is located at and is known by the following  
**ADDRESS:**

We hereby agree and covenant with the County of LaGrange that the above legally described real property shall be held as one parcel and no portion shall be sold separately.

This Tie-To Affidavit is executed for the purpose of creating a single building site as regulated by the LaGrange County Zoning Ordinance and Subdivision Control Ordinance.

This Tie-To Affidavit, with all of the above described land, shall be binding upon ourselves, and future owners, encumbrances, their successors, heirs or assignees and shall continue in effect until released by the authority of the LaGrange County Zoning Administrator upon submittal of request, applicable fees and evidence that this Tie-TO Affidavit is no longer required by law.

Owner's Name: \_\_\_\_\_ (Please type or print)

Signature of owner \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**SIGNATURES MUST RE NOTARIZED**

(STATE OF INDIANA, COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ personally known to me (or proved to me the basis of satisfactory evidence) to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

MUST BE APPROVED BY LAGRANGE COUTY ZONING ADMINITRATOR:

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Document prepared by: \_\_\_\_\_