SECURED INTEREST PARTY AUTHORIZATION

Please note: *The FNSB Subdivision Ordinance requires that prior to the recording of any subdivision plat/document, the notarized signatures of all persons holding a secured interest in a property being subdivided or dedicated are required.* ***This form is provided for that purpose.*** *The ordinance also provides that if the secured party does not respond to the Platting Officer's attempt to secure a response within 30 days of receiving the request, it will be deemed that the secured party has no objection, and recording may occur. FNSB 17.52.040 E.2.c.*

The undersigned, owner(s) of a secured interest in the real property legally described as

_____

on the **deed of trust** or other valid instrument recorded (date)_____

Bk/Pg/Instr #_____,

hereby authorize(s) the action taken by the applicant/owner to subdivide, vacate, or dedicate portions of said real property as delineated in FNSB Case File_____.

Execution of this authorization is not in any way a release from any contractual obligation presently secured by a valid instrument of record.

Secured Party: _____
(*PRINTED* firm or individual name)

Signature _____ _____
date

Signature _____ _____
date

The Notary's Acknowledgement:

United States of America)
)
State of_____)

This is to certify that on this_____day of_____, 20_____, before me, a Notary Public for the state of_____, duly commissioned and sworn, personally appeared _____, to me known to be the identical individual mentioned and who executed the within authorization, and (s)he acknowledged to me that (s)he signed the same freely and voluntarily for the uses and purposes therein specified.

If a **corporation** is involved, add the following statement:

In her/his capacity as_____of said corporate owner and that at the time (s)he presented this authorization (s)he was cloaked with the power and authority to execute same on behalf of said corporation.

Witness my hand and notarial seal the day and year in this certificate first herein written.

_____
Notary Public in and for the State of _____

My commission expires _____