## **EXAMPLE – Individual Capacity**

## AFFIDAVIT OF CONSENT

The undersigned beneficiary of that certain trust deed recorded on				(Date)	, in
Reel, Page	_, Marion Co	ounty, Oregon	Deed Record	ds, hereby cor	isents to
the partitioning/subdividing	of that certain	property desc	cribed on the	attached Exhi	bit "A".
Dated thisday of		, 20			
(Trust Deed Beneficiary	- name(s) of p	person(s))			
STATE OF OREGON	) ) ss				
County of Marion	)				
This instrument was acknow   20, by (name(see					
(Signature of Notarial Officer)			Γ	NOTARY ST	AMP
Notary Public - State of Oreg	gon				
Commission Number					
My commission expires:					
Return Address:					
Name Street Address					
City, State Zip Code					

Modified by hann

Date: 4/23/2008

Effective until: Current