To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

AFTER RECORDING, RETURN TO:

Clackamas County Surveyor's Office
150 Beavercreek Road #325
Oregon City OR 97045

(503) 742-4475

AFFIDAVIT OF REMAINING MONUMENTATION

I, *(name of surveyor)*, being first duly sworn, depose and say that in accordance with O.R.S. 92.070(3)(b), I have correctly surveyed and marked with proper monuments the remaining corners as indicated on the plat of *(plat name)*, plat#_____, as recorded in Plat Records of Clackamas County. Said remaining corners were set on *(date)*.

_____ *STAMP/SEAL*
Name and address

NOTARY CERTIFICATE

STATE OF)
) ss
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 20_____, by *(name of surveyor)*.

_____
Notary Public for the State of Oregon *STAMP/SEAL*

My Commission Expires _____

COUNTY SURVEYOR APPROVAL

I, Patrick M. Gaylord, Clackamas County Surveyor, do hereby certify that this Remaining Monumentation Affidavit for *(subdivision name)* has been examined by me and that it complies with ORS 92.070(3)(b).

_____
Patrick M. Gaylord, PLS
Clackamas County Surveyor