



# M37 Claim Form

Department of Administrative Services

Risk Management - State Services Division

1225 Ferry St. SE U160, Salem, Oregon 97301-4292

Web Site: <http://www.oregon.gov/DAS/Risk/M37.shtml> Phone: 503-378-5513

## INSTRUCTIONS FOR SUBMITTING A CLAIM AFTER DECEMBER 4, 2006

This form identifies the information that is required for the State of Oregon to act on a claim filed after December 4, 2006 under ORS 197.352 (2004 Oregon Ballot Measure 37). You must use this form, and not earlier versions of the form, after December 4, 2006 because the requirements for claims change on that date. Please complete each box of the claim form, and attach any additional information or evidence that you want to support the claim. Attachments may not be used to complete sections 1 or 2, or any section that requires a signature.

- Claims may only be submitted by an Owner or an Authorized Agent of the Owner.
- Claims may only be submitted: by U.S. mail, in person, or by private carrier to:  
Risk Management-State Services Division, 1225 Ferry St. SE, U160, Salem OR 97301 - 4292
- Only Original Signed Claims will be accepted, claims will **not** be accepted via email or by facsimile.
- If you need more space, attach *separate sheets of paper* as needed, with reference to the appropriate **Section number on this form**.
- Rules for Measure 37 claims to the State of Oregon may be found in Oregon Administrative Rules 125-145-0010 to 0120, and 660-041 (DLCD).

## Section 1 NAME AND CONTACT INFORMATION OF ALL CLAIMANTS/PROPERTY OWNERS

Enter the name and contact information of each person that this claim is submitted for. Please note, the claimant(s) *must* own an interest in the property that includes the legal right to carry out the claimant's desired use. If the present owner of the property is a business entity (such as a corporation), the claim should be made by an appropriate authorized person on behalf of that entity. If the property has been placed in a trust, the claim should be made by a trustee of the trust.

Name of Claimant #1:	Day Time Phone #:	
Address:		
City:	State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).		

Name of Claimant #2:	Day Time Phone #:	
Address:		
City:	State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).		

Name of Claimant #3:		Day Time Phone #:	
Address:			
City:		State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).			

Name of Claimant #4:		Day Time Phone #:	
Address:			
City:		State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).			

Name of Claimant #5:		Day Time Phone #:	
Address:			
City:		State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).			

Name of Claimant #6:		Day Time Phone #:	
Address:			
City:		State:	Zip:
To file a claim for a particular property, you must own an interest in that property. Please describe what your ownership interest in the property is (e.g., fee title, contract purchaser, lessee, life estate holder, etc.).			

**ATTACH ADDITIONAL SHEETS FOR ADDITIONAL CLAIMANTS IF NEEDED**

**Section 2 NAME AND CONTACT INFORMATION OF PERSON SUBMITTING CLAIM (AGENT, IF ANY)**

If you have an attorney, relative, or some other person who is filing this claim for you, enter the name and contact information of that person.

Name of Agent:		Day Time Phone #:	
Address:			
City:		State:	Zip:
<p>You must attach a written notarized statement signed by the claimant(s), or a Power of Attorney, properly authorizing this person to submit this claim on the claimant's behalf.</p> <p>Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

**Section 3 THE PROPERTY THE CLAIM IS FOR**

Identify the property(ies) the claim is for. Attach a county tax lot map, with each tax lot the claim is for marked clearly on the map. To assist in the review of your claim, you also are encouraged to obtain and include a copy of the county tax assessor's "plat" or "deed" card for each tax lot your claim is for. *Attachment if Applicable*

Street Address (if there is one) or nearest intersection:		
City (only if within a city):		
County:	State:	Zip:
Tax Lot #1: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	Tax Lot #2: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	
Tax Lot #3: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	Tax Lot #3: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	
Tax Lot #4: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	Tax Lot #5: Section: Township: Range: Property Size (acreage): Date Claimant Acquired: Current Zoning Zoning When Acquired:	
<b>INSERT ADDITIONAL SHEETS IF THERE ARE ADDITIONAL TAX LOTS</b>		

Other Information. If your property is located within a subdivision or partition, please provide a copy of any recorded conditions (CC&Rs) or land use decisions relating to that subdivision or partition. Attachment: Yes  No

**If the claimant(s) acquired the property from a “family member” (as defined in ORS 197.352), what was:**

(A) The date each tax lot was acquired by a family member?

(B) The zoning of each tax lot on the date each tax lot was acquired by a family member?

**Section 4 EVIDENCE OF OWNERSHIP**

Include evidence or information documenting that the claimant(s) owns an interest in each lot or parcel the claim is for, when the claimant(s) acquired that interest, and that the claimant(s) have continued to own an interest since that date. The information required by this section may be provided in the form of a preliminary title report, if you also include a copy of the deed or other document conveying an interest in the lot or parcel to the claimant(s), along with copies of the exceptions listed in the title report, and a statement that the claimant has owned the property continuously.

<p>The following is attached as proof that the claimant owns an interest in each lot or parcel: (provide for each claimant, and each lot or parcel, and list all attachments)</p> <p>At a minimum, you <i>must</i> include a copy of the document conveying an interest in the lot or parcel to the present owner(s) of each property. Normally, this will be a deed.</p>	<p>List any attached documents:</p>
<p>Is the property in a Trust?</p> <p>If yes, please provide the date of the trust.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Date Property Placed in Trust:</p>

<p>If yes, is the trust Revocable or Irrevocable?</p> <p>If yes, are you filing on behalf of the Trust, as an Individual, or both?</p> <p>If yes, please attach a certificate of trust indicating who the current trustees of the trust are.</p>	<p><input type="checkbox"/> Revocable      <input type="checkbox"/> Irrevocable</p> <p><input type="checkbox"/> Trust   <input type="checkbox"/> Individual   <input type="checkbox"/> Both</p>
<p>Is the Property owned by a Corporation, by a Partnership, by a Limited Liability Company, or by a Limited Liability Partnership?</p> <p>If yes, please provide the name of the business entity that owns the property and the date on which the business entity acquired the property.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Name of business entity:</p>

**Section 5** INTENDED USE OF PROPERTY AND APPLICATIONS AND DECISIONS

**A. What is the claimant’s desired use of the property, and how is that use restricted by one or more state land use regulations? The claimant must have filed an application for the desired use, and have had that application denied or conditioned. Please describe:**

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**B. You must attach a copy of the claimant's: (a) land use application to a city, a county, or Metro for the claimant's desired use of the property described in (A), above; or (b) an application to a State agency for a permit for an activity involving the property and the claimant's desired use.**

**C. You must also attach a copy of either: (a) the final land use decision of the city, county or Metro on the claimant's land use application; or (b) the final action by the State agency on the claimant's permit application. The final decision or action must have occurred within two years of the date this claim is filed.**

**Section 6 Effect on Fair Market Value of the Property**

By what amount has the enactment or enforcement of each state land use regulation applied as an approval criterion to deny or condition an application identified in section 5, above, reduced the fair market value of the property? Describe what the basis of your statement is, and attach evidence or provide information to support your statement.

Law or Rule:	Amount of Reduction in Fair Market Value:	Basis of Statement:

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Law or Rule:	Amount of Reduction in Fair Market Value:	Basis of Statement:

Law or Rule:	Amount of Reduction in Fair Market Value:	Basis of Statement:

Law or Rule:	Amount of Reduction in Fair Market Value:	Basis of Statement:

**Section 7** INFORMATION CONCERNING OTHER INTERESTS IN THIS PROPERTY THAT MAY AFFECT THE CLAIMANT'S RIGHT TO CARRY OUT THE DESIRED USE

Enter the name and contact information of other persons or entities that own an interest in the Property, or attach a preliminary title report. Other ownership interests that should be listed include but are not limited to:

- (a) Every lessee and lessor of the Property;
- (b) Every person or entity holding a lien against, or a security interest in, the Property;
- (c) Every person or entity holding a future, contingent, or other interest of any kind in the Property.

This could be other owners, persons holding an easement over your property, banks, mortgage companies, state or federal agencies or entities, programs specific to the use of the property and any and all others with any interest in the property. Some examples could be; a USDA program providing funds for an owner not to grow a particular crop on the land, banks with second, third or other mortgage interest. If using an attachment, the attachment must be submitted in such a format as to easily distinguish the various owners and interest in the property.

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

**Section 8 AUTHORITY TO ENTER PROPERTY**

This section of the form authorizes the Department, the Regulating Entity and their officers, employees, agents, and contractors to enter the Property as necessary to verify information, appraise the property, or conduct other business related to acting on this claim. Each person that can restrict access to the property must sign in the appropriate box in this section.

I/We Affix Our Signature(s) to this Form Granting Access to the Subject Property in ANY Manner or Form Deemed Appropriate by State Agency or Agencies for the Review of the Property in Furtherance of the Processing or Handling of this Claim: <b>SIGNATURES OF ALL OWNERS WITH AUTHORITY TO RESTRICT ACCESS</b>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	

**Section 10 ATTACHMENTS**

Check the appropriate box for all documents, evidence and supporting information that is attached and included as a part of this claim.

Title Report: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appraisal(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	County Assessor's Plat Card: Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax Lot Map(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Subdivision or Partition Conditions: Yes <input type="checkbox"/> No <input type="checkbox"/>	Land Use or Permit Applications: Yes <input type="checkbox"/> No <input type="checkbox"/>	City, County, Metro or State Agency Decisions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Tax Statement (proof of ownership): Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Other Information: (Explain)		<input type="checkbox"/> Other Information: (Explain)	

**Section 11** OTHER CLAIMS FILED

List all other governmental entities you or someone on your behalf has submitted Measure 37 claims to regarding the Property involved in this claim. List all claims submitted to the state or other entities relating to this property or any portion thereof on anyone's behalf. You must list all entities even if you only submitted a claim to them for a portion of the Property that is the subject of this claim.

Have you submitted a Measure 37 claim to another governmental entity regarding the property listed in this claim?		
No <input type="checkbox"/>		
Yes <input type="checkbox"/>	Date:	To Whom: Claim number:
Yes <input type="checkbox"/>	Date:	To Whom: Claim number:
Yes <input type="checkbox"/>	Date:	To Whom: Claim number:
Yes <input type="checkbox"/>	Date:	To Whom: Claim number:
If yes, is the claimant's desired use the same for this State claim as for the other claims?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

**ADDITIONAL INFORMATION THAT MAY BE SUBMITTED IN SUPPORT OF THIS CLAIM**

<p>1. A report by a certified appraiser that addresses the Reduction in Fair Market Value of the Property resulting from the enactment or enforcement of the cited Land Use Regulation(s) as of the date the Claim was filed;</p> <p>2. A statement of the effect of the cited Land Use Regulation(s) on any Owner's tax status, including without limitation any tax deferrals or tax reductions related to the cited Land Use Regulation(s);</p> <p>3. Citation to each Land Use Regulation(s) in effect at the time the owner acquired the property explaining how the use that is now not permitted by the Land Use Regulation(s) set forth in Oregon Administrative Rules (OAR) 125-145-0040(9) was permitted at the time the owner acquired the property;</p> <p>4. Names and addresses of Owners of all real property located within 100 feet of the Property if the Property is located in whole or in part in an urban growth boundary, 250 feet of the Property if the Property is located outside and urban growth boundary and not within a farm or forest zone and 750 feet of the Property if the Property is located in a farm or forest zone.</p>
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I ATTEST THAT I HAVE THE INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND CORRECT. (Signatures of the claimant(s) and (if the claim is prepared by an agent) any agent of the claimant(s).)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent Signature Date

State of Oregon

County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_, 200\_\_ by \_\_\_\_\_  
(month - day - year)

⌵ ⌵ ⌵ Notary Seal ⌵ ⌵ ⌵

\_\_\_\_\_  
(Notary Public – State of Oregon)

My commission expires: \_\_\_\_\_