



# Parcel Combination Application Process

**For Marathon County unincorporated areas only**  
**BOTH forms must be completed**  
**Application Fee: \$100 (Includes Register of Deeds recording fee)**

## 1) Parcel Combination Application

- **Parcel Identifier Number (PIN) / Description:** Parcel numbers can be located on your tax bills (xxx.xxxx.xxx.xxxx) Please list the parcel number for all the parcels being combined.
- **Owner(s) Name(s):** Enter the full names of all owners of the parcels being combined as they appear on the deeds of record.
- **Required Signatures:**  
**Owner shall obtain signatures/dates from:**
  - ▶ the municipality (#1) – Digital signature accepted and
  - ▶ the assessor (#2) – Digital signature accepted and
  - ▶ Marathon County Conservation, Planning, and Zoning (CPZ) Real Property Lister and Zoning & Regulatory Department for review of #3, 4, 5, 6, 7, 8, 9, 10

**NOTE:** If you would like assistance filling out document, please call 715-261-6000 to make an appointment with CPZ staff to ensure they are present in office to review and sign documents.

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## 2) Parcel Combination Affidavit

- **Affidavit Date:** The date you are completing this form.
- **Parcel Identifier Number (PIN) / Description:** Parcel numbers can be found on your tax bills (xxx.xxxx.xxx.xxxx). Please list parcel numbers for all parcels being combined.
- **Owner(s) Name(s):** Enter the full names all owners of the parcels being combined as they appear on the deeds of record.
- **Legal Descriptions:** Enter the legal description of each parcel (to match the above PIN). Legal descriptions can be found on your tax bill and should be different for each parcel (i.e. *NE $\frac{1}{4}$  NE $\frac{1}{4}$ , Section 15, T30N, R8E, or Lot 1 CSM Vol 15 Pg 800, Section 15, T30N, R8E*) Municipality, county, and state should also be included in the legal description.
- **Name and Return Mailing Address:** Enter the name and mailing address of the person to whom this form should be returned after recording.
- **Read** the text of the agreement!
- **Signatures:** ALL owner(s) must **sign the form before a notary public**. This form can be notarized at Marathon County Conservation, Planning and Zoning (CPZ) at no charge. Please call prior to coming into the office to ensure a CPZ employee capable of doing so will be available to notarize the affidavit. Financial institutions also typically have a notary on staff. Only **ORIGINAL** notarized signatures will be accepted.
- **Drafted by:** Enter the name of the person completing the affidavit form.
- Do **not** fill out the newly combined PIN line – please leave this blank.



PARCEL COMBINATION APPLICATION

USE BLACK INK ONLY

Parcel ID Number (PIN) #1 \_\_\_\_\_

Parcel ID Number (PIN) #2 \_\_\_\_\_

Parcel ID Number (PIN) #3 \_\_\_\_\_

These numbers can be found on your tax bills: x x x . x x x x . x x x . x x x x

All Owner(s) name(s) as appearing on all deeds for parcels contained in this request.

Four horizontal lines for entering owner names.

All parcels included in the combination shall:

Signature blocks for Municipality, Assessor, Conservation, Planning, & Zoning, and Zoning & Regulatory, each with checkboxes for conditions and signature/date lines.

- 11. Combinations in the current year will appear on the following year's assessment roll and tax bill.
12. A Certified Survey Map (CSM) may be required in the future to meet current subdivision requirements and minimum lot size requirements, and be recorded with the Register of Deeds, if the parcels combined by this affidavit are split into separate parcels

All four (4) signatures MUST BE COMPLETED PRIOR to recording the Parcel Combination Affidavit
Digital signatures will be accepted for Municipality and Assessor

# PARCEL COMBINATION AFFIDAVIT

**USE BLACK INK ONLY**

This affidavit is made by the owner(s) to combine parcels identified below:

Affidavit Date: _____ Parcel Identifier Number (PIN) Parcel #1 _____ Parcel Identifier Number (PIN) Parcel #2 _____ Parcel Identifier Number (PIN) Parcel #3 _____ From tax bills: x x x . x x x x . x x x . x x x x	All Owner(s) name(s) As appearing on all deeds for parcels identified in affidavit          <b>Recording Area (DO NOT WRITE)</b> Name and Return Mailing Address:          Phone Number: _____
I (we), owner(s), acknowledge that this affidavit is to combine parcels under my/our ownership.  Legal Land Description #1       Legal Land Description #2       Legal Land Description #3	

- 1) Any effects of combining parcels are the owner's responsibility.
- 2) This combination may not be revoked. All landowner(s) must comply with land division ordinances in effect at the time of any further division.
- 3) This agreement is binding upon the owner and his/her heirs, successors, and assigns.
- 4) The owner shall record the Parcel Combination Affidavit with the Marathon County Register of Deeds in a manner which will permit the existence of the affidavit to be determined by reference to the property.

All Owner's Name(s) – Please print       All Owner(s) Signature(s)	<b>NOTARY ACKNOWLEDGEMENT (NOTARY USE ONLY)</b> This instrument was acknowledged before me on this date: _____ by: _____ Owner(s)  Signature of Notary Public-Marathon County, State of WI <i>(Notary stamp HERE over Notary signature)</i>   My commission expires: _____	Marathon County CPZ Official Name – Please print   Marathon County CPZ Official Title – Please print   Marathon County CPZ Official Signature
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**Only original signatures accepted**

**Drafted by:** \_\_\_\_\_ *Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)]*  
 Required - Person completing this document O:\CPZ\FORMS\CombinedParcelAFFIDAVIT.doc 4/16

Newly combined Parcel Identification Number (PIN): \_\_\_\_\_  
*To be completed by Real Property Lister*