

Return Name & Address

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Document Title(s)

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Reference Number(s) of Related Document(s)

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Additional Reference #'s on Page \_\_\_\_\_

Grantor(s)

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Additional Grantors #'s on Page \_\_\_\_\_

Grantee(s)

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Additional Grantees #'s on Page \_\_\_\_\_

Legal Description (abbreviated form: ie Lot/Block/Plat or Section/Township/Range)

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Complete Legal on Page \_\_\_\_\_

Assessor's Property Tax Parcel/Account Number

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Additional Parcel #'s on Page \_\_\_\_\_

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer. This cover page shall be recorded and included with the pages of the document.

EXAMPLE ONLY- Do not use as an official document

**Declaration of Covenant**

Know all men by these presents that I (we) the undersigned, owner(s) in fee simple of the land described herein, hereby declare this covenant and place same on record.

I (we), the grantor(s) herein, am (are) the owner(s) in fee simple of (an interest in) the following described real estate situated in Snohomish County, State of Washington, to wit:

***[YOUR LEGAL DESCRIPTION GOES HERE]:*** \_\_\_\_\_

on which the grantor(s) owns and operates a well and waterworks supplying water for (one \_\_\_ bedroom house and one \_\_\_ bedroom accessory apartment) located on said real estate, to wit:

***[YOUR LEGAL DESCRIPTION GOES HERE]:*** \_\_\_\_\_

Property Restrictions:

The 2 connections of this shared water system shall be limited to the existing \_\_\_ bedroom use and the existing \_\_\_ bedroom accessory apartment. These buildings shall remain under one ownership. The property may not be subdivided unless suitable connection to public water utility is provided and approved by the State of Washington Department of Health and the Snohomish County Health Department.

These covenants shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, and shall inure to the benefit of each owner thereof.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_.

By \_\_\_\_\_  
\_\_\_\_\_ Grantors

STATE OF WASHINGTON    )  
  )  
COUNTY OF SNOHOMISH    )

I hereby certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated:

\_\_\_\_\_  
Name: \_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington,  
Residing at \_\_\_\_\_  
My appointment expires: \_\_\_\_\_