Easement Agreement Information

Form (AIF)

**SWCD NAME:** Select SWCD Name

**GRANTOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| Grantor Full Name(s)\* | Marital Status | Spouse’s Full Name |
|       | Choose Status |       |
|       | Choose Status |       |
|       | Choose Status |       |
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|       | Choose Status |       |
|       | Choose Status |       |

**\*Grantor Name(s) listed above must include all parties listed as owners on current property deed**. Enter names exactly as they appear on the property deed. **Indicate full name of spouse even if spouse is not shown on the property deed. Any grantor under the age of 18 must have a Guardian sign on their behalf (see below).**

INDIVIDUALS SIGNING ON BEHALF OF GRANTORS

If Grantor is an entity such as a Trust, LLC, or Partnership, indicate the name(s) and title(s) of the person(s) who have authority to sign on behalf of the entity below.

|  |  |  |
| --- | --- | --- |
| Name | Title or type of authority | Signing on behalf of |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Example titles and types of authority: Trustee, Partner, Manager, President, Attorney-in-Fact (AIF/Power of Attorney), Guardian, Personal Representative (PR), etc. **Please include a copy of document(s) providing authority to sign.**

EASEMENT PAYEE INFORMATION

**Easement Payee\***

**Name**

**Address**

**City**

**State**

**Zip**      **Easement Co-Payee(s)**

**Name(s)**

**\***A signed W-9 is required for the Easement and Conservation Practice Payee(s). The Payee name(s) entered in this section must match name(s) stated on W-9.

CONSERVATION PRACTICE PAYEE INFORMATION

[ ]  Same as Easement Payee. If yes, check box and leave Conservation Practice Payee blank.

**Conservation Practice Payee\***

**Name**

**Address**

**City**

**State**

**Zip**      **Conservation Practice Co-Payee(s)**

**Name(s)**