MCWS

RETURN TO:
Delton and Jean Christman
2973 Providence Place
Billings, MT 59102

ACCEPTANCE OF AGRICULTURAL EXEMPTION

A Certificate of Survey of the following described lands is being submitted for recordation at the Yellowstone County Clerk and Recorder's office, whereby the landowners. Delton and Jean Christman, Trustees of the Delton and Jean Christman Living Trust, wish to enter into a covenant running with the land and revocable only by mutual consent of the governing body of Yellowstone County and the property owner, or their successor in interest, that the land will be used exclusively for agricultural purposes, pursuant to Section 76-3-207(1)(c), M.C.A.

Legal Description: Tract 1 of Certificate of Survey _____

Recorded as Document No. _____

Whereas the landowners have signed on the face of the Certificate of Survey their intent and desire to enter into said covenant, the Board of County Commissioners of Yellowstone County do hereby accept and agree to the covenant being placed upon the above described land. A change in the use of the land for anything of than agricultural purposes subjects the land to the provisions of Parts 5 & 6 of the Montana Subdivision and Platting Act (MSPA) in the Montana Code Annotated.

Dated this _____ day of _____, 2026.

Yellowstone County Commissioners

_____
Chairperson

_____
Commissioner

Attest:

_____
Jeff Martin, Clerk & Recorder

_____
Commissioner

STATE OF MONTANA)
:ss
County of Yellowstone)

On this _____ day of _____, 2026, before me the undersigned Notary Public of the State of Montana personally appeared Mark Morse, Mike Waters, and Chris White, members of the Yellowstone County Board of Commissioners, and Jeff Martin, Yellowstone County Clerk & Recorder known to me to be the persons who signed the foregoing instrument and who acknowledged to me that they executed the same. Witness my hand and seal the day and year herein above written.

_____
Signature
Printed Name: _____
Notary Public in and for the State of _____
Residing at: _____
My Commission Expires: _____