TOWN OF KINGSTON, NEW HAMPSHIRE
VOLUNTARY LOT MERGER FORM

As provided for in RSA 674:39-a, the undersigned applicant requests that the Town of Kingston, New Hampshire hereby merge the following parcels of land for the purposes of being assessed and treated for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) - (must be identical for all lots consolidated):

__________________________________________________________________________

__________________________________________________________________________

Mailing address of owner(s):

__________________________________________________________________________

The following existing parcels are to be consolidated into a single parcel:

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<th>Map #</th>
<th>Lot #</th>
<th>Street Address</th>
<th>Deed Reference</th>
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(Attach additional sheet if necessary)

It is a condition of this application that all real estate taxes on all parcels shall be current.
By signing below, the applicant agrees that (i) this request is subject to approval of the Planning Board to assure such merger does not create a violation of the current zoning ordinance or subdivision regulations; (ii) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds; and (iii) subsequent to the approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing parcels. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Kingston Planning Board.

Dated this _____________ ___ day of _________, 20__

__________________________________________________________
Owner's Signature

__________________________________________________________
Owner's Signature

Print Name(s): ___________________________________________

(For municipal use only)

By signature below, we attest that the application has been reviewed by the Kingston Planning Board and the lot merger shall not result in a violation of the current zoning ordinance or subdivision regulations.

Date: ____________________________ Kingston Planning Board Chairman

By signature below, we attest that the application has been reviewed by the Kingston Tax Assessor, who assigned the following tax map and lot number to the resulting parcel:

Tax Map #: ________________, Lot #: ________________.

Date: ____________________________ Kingston Assessing Clerk

One original to be retained in Tax Assessor's files. One original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. One Original shall be retained in the files of the Kingston Planning Board. The recorded copy will be returned to the Owner(s).