

After Recording Return To:

Name: _____

Address: _____

**CLAIMED EXCEPTION TO COVENANTS,
CONDITIONS, OR RESTRICTIONS**

Please Complete/Sign in Blue or Black Ink

Property Owner(s)

Name(s): _____

Mailing Address: _____

City: _____ State _____ Zip _____

Homeowners' Association

Name(s): _____

Mailing Address: _____

City: _____ State _____ Zip _____

Property Description

Legal Description: _____ Attached

Add./Subd. _____ Block _____ Lot _____

County _____ City/Town _____ Section _____ Township _____ Range _____

Date of Conveyance to Property Owners: Day _____ Month _____ Year _____

Subdivision Covenants, Conditions, & Restrictions

County Recorded in: _____
Recorded as: Instrument No. _____ Book _____ Page _____
Date Recorded: Day ____ Month _____ Year _____

Exception Information

Pursuant to Mont. Code Ann. § 70-17-901, I/We as the Property Owner(s) listed above and as member(s) of the above-described Homeowner's Association, hereby claim an exception from Section(s) _____ of the above described Covenants, Conditions, & Restrictions, recorded as Instrument No. _____ Book _____ Page _____, recorded on the ____ day of _____ (month), _____ (year).

[signature page follows]

_____/_____
(Property Owner Signature) (Date)

_____/_____
(Property Owner Signature) (Date)

STATE OF MONTANA

COUNTY OF _____

The instrument was acknowledged before me on _____ (date), by
_____ (name(s) of Property Owner(s)).

Notary Public
Printed Name: _____
My Commission Expires: _____

_____/_____
(HOA Authorized Agent Signature) (Date)
Title: _____

STATE OF MONTANA

COUNTY OF _____

The instrument was acknowledged before me on _____ (date), by
_____ (name(s)) as _____
(title) of _____ (name of
HOA).

Notary Public
Printed Name: _____
My Commission Expires: _____