

# JUAN BAUTISTA VALDEZ LAND GRANT

Applicant heir Membership

Merced  
Comunitaria  
Juan Bautista  
Baldez(z)

# Juan Bautista Valdez Land Grant

*also known as Merced Comunitaria Juan Bautista Baldes(z)*

## Membership Application & Affidavit of Heirship

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Email: \_\_\_\_\_

(OPTIONAL)

6. Legal Description of Property Owned with in the Juan Bautista Valdez (Baldes) Land Grand- Merced:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach documents as necessary)

(REQUIRED)

Depose and state as follows:

1. I hereby declare that I am a descendent of an original grantee(s) by name(s) of \_\_\_\_\_, \_\_\_\_\_ Land Grant-Merced, and that I have an interest in the common land of the Land Grant.

2. I have received my interest in the common land through inheritance, gift or purchase as follows and as documented: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach documents as needed)

3. I further certify that I am eligible for membership in the Land Grant-Merced because I meet the following qualifications outlined in the bylaws:

a) I am a descendent of an original grantee(s) of the Land Grant-Merced as stated above.

b) I have an interest in the Common Lands as listed above.

c) \_\_\_\_\_ (Insert other membership requirements as stated in the Bylaws)

d) \_\_\_\_\_

e) \_\_\_\_\_

4. I hereby acknowledge that my membership is subject to the approval of the Board of Trustees of the Land Grant-Merced in accordance with its Bylaws Rules and Regulations, and that I will furnish supporting documentation of the statements in this Affidavit upon request of the board of trustees. Finally, I acknowledge that upon Board approval this membership in the Land Grant-Merced shall become permanent and may or may not include voting privileges in accordance with the bylaws of the Land Grant- Merced.

\_\_\_\_\_ Signature of Heir

SUBSCRIBED AND SWORN TO AND ACKNOWLEDGED before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_