

NEW YORK STATE

ASSIGNMENT OF CLAIM AND RELEASE

Project:

Map No. Parcel No.

County

Town

Map City/Village

WHEREAS, THE PEOPLE OF THE STATE OF NEW YORK, pursuant to the statute set forth in the above designated map(s), have appropriated certain property shown on the aforesaid map(s), the original tracing or a microfilm or computer digitized copy of the original tracing of each map having been filed in the Office of the _____, and a certified copy of each map having been filed in the Office of the County Clerk or Register of each county in which such property, or any portion thereof, is situated; and

WHEREAS, _____, hereinafter referred to as "claimant" has a claim against The People of the State of New York by reason of said appropriation either as owner of said property or of some right, title or interest therein, or otherwise; and

WHEREAS, the compensation now payable by The People of the State of New York on account of said appropriation and for all legal damages caused thereby has been, or will be, fixed and determined by an agreement or award to be paid upon release of all claims which claimant, his/her/their/its tenants, mortgagees, lienors and other persons have or may have by reason of such appropriation; and

WHEREAS, _____, having a mailing address of _____, hereinafter referred to as "undersigned," had or might claim to have had some right, title or interest in and to the property affected by said appropriation and said undersigned has or claims to have some interest in or lien upon the compensation to be paid on account of such appropriation, by reason of _____, **or by reason of any other right, title or interest claimed by the undersigned in the appropriated property**, and has agreed to relinquish the same in favor of claimant,

NOW, THEREFORE, IN CONSIDERATION OF THESE PRESENTS, and the sum of ONE DOLLAR (\$1.00), payment of which is waived, and **(see instructions in box below)** the sum of _____ Dollars (\$ _____)

IF NO PAYMENT HEREUNDER IS TO BE MADE TO THE UNDERSIGNED FROM THE AMOUNT DUE CLAIMANT FROM THE STATE, NO INSERTION IS TO BE MADE IN THE BLANK SPACES. IF PAYMENT IS TO BE MADE HEREUNDER, THE AMOUNT OF SUCH PAYMENT AND INTEREST, IF ANY, SHOULD BE INSERTED IN THE SPACES PROVIDED ABOVE AND THE AUTHORIZATION ON THE NEXT PAGE MUST BE SIGNED BY CLAIMANT AND THE ADDRESS TO WHICH THE CHECK IS TO BE MAILED MUST BE PLACED IN THE SPACE ABOVE (FOLLOWING THE WORDS "HAVING A MAILING ADDRESS OF").

