Acknowledgement of

Land Purchase

by Action of Commissioners Court

Documents in support of Agenda Item: 24A

Approved by Commissioners Court on: November 7, 2017
(Court Date)

County Attorney Approval: MS October 24, 2017
(Initials and Date)

Date Signed by Judge: November 7, 2017
(Date)

Acknowledge Certificate of Interested Parties (Form 1295) November 7, 2017
Certificate No. 2017-273929 (Date or N/A)

Acknowledge Form sent to Clerk: November , 2017
(Date)

Return to: Jillian Peterson, November , 2017
(Date)

11-9-2017 Original sent to Britten Harris, Engineering dept.

FORT BEND COUNTY
REQUEST FOR CHECK

Date Requested:	October 20, 2017
Check Needed By:	Next Available Court
Fort Bend County P.O. No.:	
Vendor:	**Property Acquisition Services, LLC**
Address:	19855 Southwest Freeway, Suite 200 Sugar Land, TX 77479 Office (281) 343-7171
Project Location:	Sansbury Road
Payee:	**Stewart Title Company**
Payee's Address:	14100 Southwest Freeway, Suite 200 Sugar Land, TX 77478
Payee's Tax ID/SS #:	On File
Amount of Check:	**$19,027.95**
Description:	Parcel 004 - Being a 0.0293 acre (1,276 square feet) out of and part of the Joseph Kuykendall League, Abstract 49, Fort Bend County, Texas and being a part of Lot 5 and Lo6 of the J.W. Blakely subdivision
Comments:	

PLEASE RETURN CHECK TO MARK HEIDAKER / PAS

Requested By:

Mark Heidaker

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2017-273929

Date Filed:
10/18/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
OakBend Medical Center
Richmond, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
1
22003 property sale.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

ASHLEY R. MUSSLEWHITE
Notary Public, State of Texas
Comm. Expires 02-13-2021
Notary ID 131002010

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Joseph Freudenberger, this the 18th day of October, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Ashley Musslewhite	Executive Assistant

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2017-273929

Date Filed:
10/18/2017

Date Acknowledged:
11/07/2017

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

OakBend Medical Center
Richmond, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

1
22003 property sale.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath