

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)

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

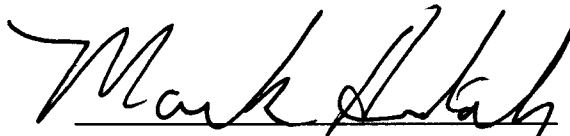
Amount of Check: **\$19,027.95**

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

1 of 1

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

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

Certificate Number:
2017-273929

Date Filed:
10/18/2017

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

Date Acknowledged:

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.

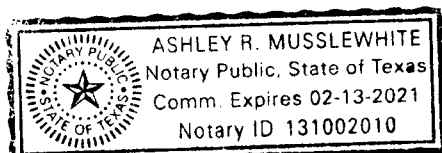
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
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, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Ashley Musslewhite
Printed name of officer administering oath

Executive Assistant
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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

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OakBend Medical Center
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Fort Bend County

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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.



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