

CHECK REQUEST

January 10, 2018

CLIENT Fort Bend County
AFE# _____
PROJECT NAME Fort Bend County - Cane Island

Name Wayne Shellenberg
Address _____
Address _____
SS # _____
Telephone: _____

PROPERTY DESC: Relocation of Living Earth, business occupying the 1.747 acres of land to be acquired and located in the T. Cresop Survey 0369, Pt In A-412, 412 Cresop/Schrimpf, Fort Bend County, Texas

Decimal Interest in this tract (Surface Estate Only): **1.00000**

Amount Due This Displaces: **\$56,224.93**

PAYMENT RECAP

PAYMENT DETAILS

Payment to reimburse dislcee for eligible reimbursable expenses to clear newly acquired right of way **\$56,244.93**
 Note: Make Payable to Wayne Shellenberg per Attached
 Authorization for Direct Pay to Vendor

TOTAL AMOUNT DUE THIS TRACT	\$56,244.93
THIS LANDOWNERS DECIMAL INTEREST	1.00000
TOTAL AMOUNT DUE THIS DISPLACEE	\$56,244.93

NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP

SUBMITTED BY:
 Arlene Kaplan
 Percheron Professional Services, LLC
 1904 W. Grand Parkway N., Suite 200
 Katy, Texas 77449
 (817) 821-9152
 mintra.rickelman@percheronllc.com

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.
Living Earth
Katy, TX United States

Certificate Number:
2017-297046

Date Filed:
12/27/2017

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

Date Acknowledged:
02/06/2018

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.
00100
land acquisition

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 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)