Fort Bend County Commissioner's Court

EXECUTIVE SESSION:

October 23, 2018

PROJECT NAME:

Fort Bend County-Daily Park Project

PROJECT NUMBER:

PARCEL#:

02

LANDOWNER INFORMATION:

Zella Salter & The Estate of Laura Salter

4012 Sanders Rd

(Also known as 4010-40126 Nails Rd)

Simonton, TX 77476

OFFER HISTORY:

DETAILS:	LAND VALUE (PER SQ/FT)	VALUE OF IMPROVEMENTS	MOBILE HOME	TOTAL OFFER
OFFER VALUE	\$36,375.00 \$.75 SQ/FT	\$23,637.00	\$39,988.00	\$100,000.00
Move Costs: Harry Johnson Clarence Salter Louis Perkins Demond Walton Zella Salter				Checks: \$4,850.00 \$4,850.00 \$4,850.00 \$4,950.00 \$1,900.00
Move Costs for 5 Displacees	5 RELOCATION CH	IECKS REQUESTED TO	OTAL	\$21,400.00

ACQUISITION DETAILS:

Parent Tract (Acreage):

1.112 acres

Parent Tract (Square Feet):

48,438 Sq/Ft

Parcel: (Acres):

1.112 acres

Parcel: (Square Feet):

48,438 Sq/Ft

APPRAISAL DETAIL:

Land Value Per Sq/Ft

\$ 0.75

Total Land Value

\$ 36,375.00

Parcel Value (Including MH)

\$ 100,000.00

List any improvements & Value:

\$ 23,637.00 (Septic, fence, well, etc)

Mobile Home, Porches and Carport

39,988.00

ATTACHMENTS:

- Parcel Map
- Project Map (With Highlighted Parcel)
- Copy of Motion

PREPARED BY: Arlene Kaplan



MEMORANDUM

TO:

Marcus Spencer

FROM:

Arlene Kaplan

COPY:

Suzy Romoser

DATE:

October 14, 2018

SUBJECT:

Daily Park - Salter Small MH Relocations

Harry Johnson, Clarence Salter, Louis Perkins and Demond Walton live in small mobile homes on the Salter property. None of these are road-worthy but need to be relocated to another site of the occupants choosing so that they may continue to reside in the rent free (but for the cost of the land).

The men are pooling their acquisition money to purchase another site with septic, water and electric. These units are in fair to poor condition and cannot be driven or pulled on the public roads. The men have lived without paying for anything for several years on the Salter property where Zella paid the electric; water was a common well and the septic system was shared by all.

Roadrunner Moving has agreed to move these to the replacement site (soon to be acquired) but must place these on a flatbed to do so. He will reconnect them to the septic and sewer and will put additional support under the unit owned by Demond Walton because this has a broken axle and is otherwise supported as it sits on the Salter property now. His rates are as follows:

Harry Johnson	\$3,250.00
Clarence Salter	\$3,250.00
Louis Perkins	\$3,250.00
Demond Walton	\$3,350.00

Each man will make the decision to do this himself or with this mover or another of their choosing. But in no event will the County then have any liability for the unit should any of this fail regardless of the personal choice each displace makes. The dollar amount in the mover's estimate includes full replacement coverage per the Uniform Relocation Act.

In addition, this request includes move costs for the personal property contained within the 5 living units on the parcelbased on the FHWA Schedule Move Cost for Texas:

Laura Salter	\$1,900.00
Harry Johnson	\$1,600.00
Clarence Salter	\$1,600.00
Louis Perkins	\$1,600.00
Demond Walton	\$1,600.00

Summary of this request for relocation for the Salter property includes:

- four mobile unit move costs for the four small mobile residential units;
- · four personal property move costs for all possessions within the four units; and
- personal property move costs for the personal property within the large mobile home acquired by the County.

This completes all relocation benefits to all parties on the Salter property. All real property for this parcel has been acquired.



CHECK REQUEST

October 23, 2018 CLIENT **Fort Bend County** AFE# PROJECT NAME Fort Bend County -Daily Park P02 Name Harry Johnson Address 4026 Nails Rd Address Simonton, TX 77476 SS# Telephone: PROPERTY DESC: URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy. Decimal Interest in this tract (Surface Estate Only): 0.12500 Amount Due This Displacee: \$4,850.00 **PAYMENT RECAP PAYMENT DETAILS** Payment - Move Costs and MH Move and Reset \$4,850.00 TOTAL AMOUNT DUE THIS DISPLACEE \$4,850.00 THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000 TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,850.00

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
(832) 300-6400 (817) 821-9152
Arene.Kaplan@percheronlic.com



CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

Name of Claimant(s):	Parcel No.: P02 - Salter County: Fort Bend				
Harry Johnson	ROW CSJ: N/A Project No.: Daily Park				
·	4. Occupancy of Property Acqu	Property Acquired by State			
	From (Date): 2013 To (Date of Move):			ve):	
	5. Controlling Dates			Day	Yr.
	a. First Offer in Negotiations		12	28	2017
2. Address of Property Acquired by State:	b. Date Property Acquired		09	11	2018
4026 Nails Rd Simonton, TX 77476	c. Date Required to Move		10	11	2018
Simonion, 1X 7/4/0	6. Dwelling:(house, apartment,	etc.)			
0	MH				
			nished furnished		
Apt. No.: N/A	Tenant		uminshea		
3. Address Moved To:	(1) Number of Rooms:		6	7	
	(2) Payment Schedule Amoun	t §	5 1,600.0	0	
Ant No ·	(3) Total Amount of Claim:	9	\$ 1,600.0	0	
Apt. No.: 7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have	re not cub	amitted o	ny othor	oloim
for, or received reimbursement or compensation for, any it	em of expense pursuant to this cl	aim. I fur	ther certi	fy that al	1
information shown above is true and correct.	,				
	0/20/10				
Claimant: Harry Johnson	Date of Claim:				
N/A_ Claimant:	Date of Claim:				
	Date of Claim.				
Spaces Below to	be Completed by County				
8. Type occupancy and number of rooms verified prior to	9. Vacancy verified on:				
move on:					
Date:	Date:				
	Date.		2		
By:	By:				
Signature Locatify that I have examined this claim and found it to	Sig	nature			
I certify that I have examined this claim and found it to conassistance payments. I further certify the computation of the	nform to the applicable laws and a	regulatioi	ns govern	ung reloc	ation
claim is recommended for payment. This claim is recomme	ended for payment as follows:	SHO WILL	1010111 13	7011CCL. 1	1113
Amour	nt of \$ 1,600.00				
Date	Dista	of Way Ma			



Breakdown of Room Count Claim

Print or Type All Inform	nation	
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		***

Total	6	6
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
? Signed		

From the Federal Register Online via the Government Publishing Office $[\underline{www.gpo.gov}]$ [FR Doc No: 2015-18159]

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration Uniform Relocation and Real Property Acquisition for Federal and Federally-Assisted Programs; Fixed Payment for Moving Expenses; Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

Addt'l	1 room/	room no								
room	no furn.	furn.	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 rooms
85	226	28	282	395	508	621	706	790	875	960
150	400	100	600	800	1000	1150	1300	1450	1600	1750
Oklahom 200	ma 350	100	700	900	1100	1300	1500	1700	1850	2000
Oregon. 200	350	100	600	800	1000	1200	1400	1600	1800	2000
Pennsyl 200	vania 400	70	500	750	1000	1200	1400	1600	1800	2000
Puerto 100	Rico	50	350	550	700	850	1000	1100	1200	1300
Rhode I 150	Sland 300	100	600	850	1000	1200	1400	1600	1800	2000
South C 225	Carolina 500		700	805	1095	1285	1575	1735	1890	2075
South D 200	300 akota	40	500	650	800	950	1050	1200	1400	1600
Tenness 250	ee	100	500	750	1000	1250	1500	1750	2000	2250
Texas	400	50	600	800	1000	1200	1400	1600	1750	1900
Utah 150		100	650	800	950	1100	1250	1400	1550	1700
Vermont 150	300	75	400	550	650	850	1000	1100	1200	1300
Virgin : 150		100	500	700	850	950	1150	1300	1450	1600



CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information								
Name of Claimant(s)				Parcel No: P02 - Salter		County: Fo	ort Bend County	
Harry Johnson				ROW CSJ: N/A		Project No.	: Daily Park	
□ Residence □	Business	3	Farm	☐ Nonprofit		Sign	Other	
2. Address of Property Acquired				3. Address Moved To:				
4026 Nails Rd, Simonton, TX 774	76			Remainder				
4. Occupancy of Property Acqu	ired by Stat	e:		5. Distance Moved:				
From (Date):		of Move):		7. Mover's Name and Addres	ss:			
2013	To Date			w/l 50 miles				
Owner/Occupa		Tenant						
6. Controlling Dates	Mo.	Day	Yr.					
a. First Offer in Negotiation	12	11	2017	9. Amount of Claim:				
b. Date Property Acquired	09	11	2018	a. Moving Expenses		\$ 3,250.00		
c. Date Required to Move	10	11	2018	b. Reestablishment Exp	enses	\$ -0-		
8. Property Storage (attach expl From (Date): N/A To (Date o		//		c. Searching Expenses		\$ -0-		
11011 (Date). NA 10 (Date 0	1 1010 VC). IV	<i>i</i>		c. Scarcining Expenses		\$ -0-		
Place Stored (Name and Addres		d. Tangible Property Loss \$ -0-						
N/A				e. Storage		\$ -0-		
				c. Storage		\$ -0-		
10. Temporary Lodging (attach				f. Temporary Lodging \$ -0-				
From (Date): N/A To (Date of				g. Total Amount		\$ 3,250.00		
11. All amounts shown in Block 9 v	vere necessar	y and reason	able and ar	e supported by attached receipts. Pa	y of thi	s claim is requ	ested. I certify that I have	
not submitted any other claim for, o compensation from any other source	for any iten	of expense	paid pursua	ant to this claim. I further certify the	at all pro	nerty was mov	red and installed at the	
address shown in Block 3, above, in	accordance	with the invo	oices submi	itted and agreed terms of the move	and that	all information	submitted herewith or	
included herein is true and correct				7 7				
X				9/20/18				
Claimant: Harry Johnson		- Avabraciii		Date of Claim:			_	
N/A								
Claimant:				Date of Claim:			-	
		Space	es Below t	to be Completed by State				
I certify that I have examined this cl the applicable provisions of State la	aim and subs w. All items	stantiating do	cumentatio	on attached herewith, and have foun	d it to b	e true and corr	ect and to conform with	
Amount of \$ 3,250.00								
7 milount 01 \$\psi\$ 0,200.00								
Date				Dight of Y				





N/A

Claimant

CERTIFICATION OF ELIGIBILITY

Project: Daily Park Parcel: P02 - Salter Displacee: Harry Johnson
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:
Citizens or Nationals of the United States or Aliens lawfully present in the United States
If an Alien lawfully present in the United States, supporting documentation will be required.
If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.
Claimant - Harry Johnson

Date:____

CHECK REQUEST

October 23, 2018 CLIENT **Fort Bend County** AFE# **PROJECT NAME** Fort Bend County -Daily Park P02 Name Clarence Salter Address 4026 Nails Rd Address Simonton, TX 77476 SS# Telephone: PROPERTY DESC: URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy. Decimal Interest in this tract (Surface Estate Only): 0.12500 Amount Due This Displacee: \$4,850.00 **PAYMENT RECAP PAYMENT DETAILS** Payment - Move Costs and MH Move and Reset \$4,850.00 TOTAL AMOUNT DUE THIS DISPLACEE \$4,850.00 THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000 TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4.850.00

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
(832) 300-6400 (817) 821-9152
Arene.Kaplan@percheronllc.com



CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s):	Parcel No.: P02 - Salter County: Fort Bend				
Clarence Salter	ROW CSJ: N/A	Project	No.: Dai	ly Park	
	4. Occupancy of Property Acquired by State				
	From (Date): 2013 To (Date of Move):				
#	5. Controlling Dates Mo. Day			Г	
	5. Controlling Dates	Day	Yr.		
2 Address CD A	a. First Offer in Negotiations		12	28	2017
Address of Property Acquired by State: August 1926 Nails Rd	b. Date Property Acquired		09	11	2018
Simonton, TX 77476	c. Date Required to Move		10	11	2018
	6. Dwelling:(house, apartment, MH	etc.)			
	⊠Owner-occupied	☐ Fur	nished		
	Tenant		urnished		
Apt. No.: N/A					
3. Address Moved To:	(1) Number of Rooms:		6		
9	(2) Payment Schedule Amoun	t \$	1,600.00	0	
Apt. No.:	(3) Total Amount of Claim:	\$	5 1,600.0	0	
7. Payment of this claim in the amount shown in Block 6 (3)	3) is requested. I certify that I have	e not sub	mitted a	ny other o	claim
for, or received reimbursement or compensation for, any ite	em of expense pursuant to this cla	aim. I fur	ther certi	fy that al	1
information shown above is true and correct.				•	
x Clorence Julter	5/22/18				
Claimant: Clarence Salter	Date of Claim:				
N/A					
Claimant:	Date of Claim:				
	be Completed by County				
8. Type occupancy and number of rooms verified prior to move on:	9. Vacancy verified on:				
7.					
Date:	Date:				
By:	By:				
Signature Leartify that I have examined this claim and found it to ease		nature			
I certify that I have examined this claim and found it to cor assistance payments. I further certify the computation of the claim is recommended for payment. This claim is recommended.	e payment and the information as	s shown h	ns govern erein is c	orrect. T	ation his
Amour	nt of \$ 1,600.00				
Date	Right	of Way Ma	nager	1116	



Breakdown of Room Count Claim

Print or Type All Information					
Room Description	Number of Rooms in Unit	Number of Rooms in Claim			
Living Room 1	1	1			
Dining Room 1	1	1			
Kitchen 1	1	1			
Family Room					
Bedroom 2	2	2			
Study					
Kitchen-Den		1000			
Living Room-Den					
Den					
Living Room-Dining Room					
Sleeping Room					
Others					
Basement					
Garage Shed 1	1	1			
Storage Room					
Attic					
Yard					
Total	6	6			
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")					
? Signed					
	21				

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DEPARTMENT OF TRANSPORTATION

Federal Highway Administration Uniform Relocation and Real Property Acquisition for Federal and Federally-Assisted Programs; Fixed Payment for Moving Expenses; Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

Addt'l 1 room/ room no								
room no furn. furn.	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 rooms
N. Mariana Is 85 226 28	282	395	508	621	706	790	875	960
Ohio	600	800	1000	1150	1300	1450	1600	1750
Oklahoma	700	900	1100	1300	1500	1700	1850	2000
Oregon	600	800	1000	1200	1400	1600	1800	2000
Pennsylvania	500	750	1000	1200	1400	1600	1800	2000
Puerto Rico	350	550	700	850	1000	1100	1200	1300
Rhode Island	600	850	1000	1200	1400	1600	1800	2000
South Carolina	700	805	1095	1285	1575	1735	1890	2075
South Dakota	500	650	800	950	1050	1200	1400	1600
Tennessee	500	750	1000	1250	1500	1750	2000	2250
Texas	600	800	1000	1200	1400	1600	1750	1900
150 400 50	CE O	200						1000
Utah	650	800	950	1100	1250	1400	1550	1700
Vermont	400	550	650	850	1000	1100	1200	1300
150 300 75					22.2.2.2	1100	1200	1300
Virgin Islands 150 425 100	500	700	850	950	1150	1300	1450	1600



CLAIM FOR ACTUAL MOVING EXPENSES

			Print or T	ype All	Information			
Name of Claimant(s)					No: P02 - Salter -		County: F	Fort Bend County
Clarence Salter				ROW	CSJ: N/A		Project No	o.: Daily Park
☐ Residence	Business		T Farms				y	Months (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
2. Address of Property Acquired	business)	Farm	1 3 Ad	Nonprofit lress Moved To:		ign	Other
4026 Nails Rd, Simonton, TX 774	76			Rema				
4. Occupancy of Property Acquired by State: From (Date): To (Date of Move): To Date Owner/Occupant Tenant				5. Distance Moved: 7. Mover's Name and Address: w/l 50 miles				
6. Controlling Dates	Mo.	Day	Yr.					
a. First Offer in Negotiation	12	11	2017	9. Am	ount of Claim:	T		
b. Date Property Acquired	09	11	2018	a.	Moving Expenses		\$ 3,250.00	
c. Date Required to Move	10	11	2018	b.	Reestablishment Expen	ses	\$ -0-	
8. Property Storage (attach expl From (Date): N/A To (Date o		/A		c.	Searching Expenses		\$ -0-	
Place Stored (Name and Addres	s):			d.	Tangible Property Loss		\$ -0-	
N/A				e.	Storage		\$ -0-	
10. Temporary Lodging (attach From (Date): N/A To (Date of				f g.	Temporary Lodging Total Amount		\$ -0- \$ 3,250,00	
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.								
Claimant: Clarence Salter					Date of Claim:			_
N/A Claimant: Date of Claim:							_	
		Space	s Below t	o be Co	mpleted by State			
I certify that I have examined this cl the applicable provisions of State la	aim and subs w. All items	stantiating do	cumentatio	n attache	d herewith and have found	it to be laim is	true and con	rrect and to conform with ed for payment as follows:
Amount of \$ 3,250.00								
			-	Company of the Company				
Date					Right of Wa	y Man	ager	





CERTIFICATION OF ELIGIBILITY

Project: Daily Park Parcel: P02 - Salter Displacee: Clarence Salter	
I certify that myself and any other party(ies) with a fina are either:	ancial interest in this relocation assistance claim
☐ Citizens or Nationals Or Aliens lawfully prese	
If an Alien lawfully present in the United States, support	orting documentation will be required.
If an incorporated business, farm or non-profit organizathis entity and such entity is lawfully present in the Unit	ation, I certify that I have signature authority for ited States.
Claimant - Clarence Salter	Date: 9/22/18
N/A Claimant	Date:

CHECK REQUEST

October 23, 2018 CLIENT **Fort Bend County** AFE# **PROJECT NAME** Fort Bend County -Daily Park P02 Name **Louis Perkins** Address 4026 Nails Rd Address Simonton, TX 77476 SS# Telephone: PROPERTY DESC: URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy. Decimal Interest in this tract (Surface Estate Only): 0.12500 Amount Due This Displacee: \$4,850.00 PAYMENT RECAP **PAYMENT DETAILS** Payment - Move Costs and MH Move and Reset \$4,850.00 TOTAL AMOUNT DUE THIS DISPLACEE \$4,850.00 THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000 TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,850.00

NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP

SUBMITTED BY:

Arlene Kaplan
Percheron Professional Services, LLC
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Katy, Texas 77449
(832) 300-6400 (817) 821-9152
Arene.Kaplan@percheronlic.com



CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

Name of Claimant(s):	Parcel No.: P02 - Salter	County:	Fort Be	nd	
Louis R Perkins	ROW CSJ: N/A	Project 1			-
	4. Occupancy of Property Acqu	ired by St	tate		
	From (Date): 2013	To (Date	e of Mov	ve):	
	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		12	28	2017
2. Address of Property Acquired by State:	b. Date Property Acquired		09	11	2018
4026 Nails Rd Simonton, TX 77476	c. Date Required to Move		10	11	2018
	6. Dwelling:(house, apartment, MH ⊠Owner-occupied		nished		
	Tenant		urnished		
Apt. No.: N/A			umsnea		
3. Address Moved To:	(1) Number of Rooms:	6	5		
	(2) Payment Schedule Amoun	t \$	1,600.00	0	
Apt. No.:	(3) Total Amount of Claim:	\$	1,600.0	0	
7. Payment of this claim in the amount shown in Block 6 (3)	B) is requested. Legatify that I have	e not sub	mitted a	ny other o	claim
for, or received reimbursement or compensation for, any ite	em of expense pursuant to this cla	aim. I furt	her certi	fy that al	1
information shown above is true and correct.	,			,	
x In a larka	9/22/17				
Claimant: Louis Perkins	Date of Claim:				
N/A					
Claimant:	Date of Claim:				
Spaces Below to	be Completed by County				
8. Type occupancy and number of rooms verified prior to move on:	9. Vacancy verified on:				
Date:	Date:				
By:Signature	By:	nature			_
I certify that I have examined this claim and found it to con-	form to the applicable laws and	regulation:	s govern	ning reloc	ation
assistance payments. I further certify the computation of the claim is recommended for payment. This claim is recommended to the claim is reco	e payment and the information as	shown he	erein is c	correct. T	his
pay mont. This ordin is reconnic	naoa 101 paymont as 10110ws.				
Amour	nt of \$ 1,600.00				
Dota	D' 1	CIVI. 3.	-11		
Date	Right o	of Way Mar	nager		



Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms	Number of Rooms
Living Room 1	in Unit	in Claim
Dining Room 1	1	1
Kitchen 1	1	1
Family Room	1	1
Bedroom 2	2	
Study	2	2
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
Total		
	6	6
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
? Signed		

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DEPARTMENT OF TRANSPORTATION

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AGENCY: Federal Highway Administration (FHWA), DOT.

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N. Mariana Is 85 226 28	282	395	508	621	706	790	875	960
Ohio	600	800	1000	1150	1300	1450	1600	1750
Oklahoma200 350 100	700	900	1100	1300	1500	1700	1850	2000
Oregon200 350 100	600	800	1000	1200	1400	1600	1800	2000
Pennsylvania 70	500	750	1000	1200	1400	1600	1800	2000
Puerto Rico	350	550	700	850	1000	1100	1200	1300
Rhode Island	600	850	1000	1200	1400	1600	1800	2000
South Carolina	700	805	1095	1285	1575	1735	1890	2075
South Dakota	500	650	800	950	1050	1200	1400	1600
Tennessee	500	750	1000	1250	1500	1750	2000	2250
Texas	600	800	1000	1200	1400	1600	1750	1900
Utah	650	800	950	1100	1250	1400	1550	1700
Vermont	400	550	650	850	1000	1100	1200	1300
Virgin Islands 150 425 100	500	700	850	950	1150	1300	1450	1600



CLAIM FOR ACTUAL MOVING EXPENSES

			Print or T	Type All Information	
1. Name of Claimant(s)				Parcel No: P02 - Salter	County: Fort Bend County
Louis Perkins				ROW CSJ: N/A	Project No.: Daily Park
☐ Residence [Business	S	Farm	□ Nonprofit □ S	Sign Other
2. Address of Property Acquired by State:				3. Address Moved To:	- Cale
4026 Nails Rd, Simonton, TX 774	76		w	Remainder	
4. Occupancy of Property Acqu From (Date): 2013	To (Date To Date	of Move):		Distance Moved: Nover's Name and Address: w/l 50 miles	
6. Controlling Dates		Tenant	T 37	-	
	Mo.	Day	Yr.		
a. First Offer in Negotiation	12	11	2017	9. Amount of Claim:	0.050.00
b. Date Property Acquired	09	11	2018	a. Moving Expenses	\$ 3,250.00
c. Date Required to Move	10	11	2018	b. Reestablishment Expenses	\$ -0-
8. Property Storage (attach expl From (Date): N/A To (Date o	anation) f Move): ↑	V A		c. Searching Expenses	\$ -0-
Di contra di con				1 T 11 D 11	
Place Stored (Name and Addres N/A	s):			d. Tangible Property Loss	\$ -0-
IVA				e. Storage	\$ -0-
10. Temporary Lodging (attach From (Date): N/A To (Date of				f. <u>Temporary Lodging</u> g. Total Amount	\$ <u>-0-</u> \$ 3,250.00
not submitted any other claim for, compensation from any other source	or received re e for any iten	eimbursemen n of expense	t for, an iter paid pursua	re supported by attached receipts. Pay of this mof expense in this claim, and that I will not ant to this claim. I further certify that all producted and agreed terms of the move and that Sample S	ot accept reimbursement or
<u>N/A</u>					
Claimant:				Date of Claim:	
		Spac	es Below 1	to be Completed by State	
I certify that I have examined this ci the applicable provisions of State la Amount of \$ 3,250.00	aim and sub w. All items	stantiating d	ocumentatio	on attached herewith, and have found it to be bessary reasonable expenses and this claim i	re true and correct and to conform with is recommended for payment as follows:
Date				Right of Way Ma	nager





CERTIFICATION OF ELIGIBILITY

Project: Daily Park Parcel: P02 - Salter Displacee: Louis Perkins						
I certify that myself and any other party(ies) with a fare either:	inancial interest in this relocation assistance claim					
	als of the United States or esent in the United States					
If an Alien lawfully present in the United States, supporting documentation will be required.						
If an incorporated business, farm or non-profit organ this entity and such entity is lawfully present in the U	nization, I certify that I have signature authority for United States.					
Claimant – Louis Perkins	Date:					
N/A Claimant	Date:					

CHECK REQUEST

October 23, 2018 CLIENT **Fort Bend County** AFE# PROJECT NAME Fort Bend County -Daily Park P02 Name **Demond Walton** Address 4026 Nails Rd Address Simonton, TX 77476 SS# Telephone: PROPERTY DESC: URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,350.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy. Decimal Interest in this tract (Surface Estate Only): 0.12500 Amount Due This Displacee: \$4,950.00 PAYMENT RECAP **PAYMENT DETAILS** Payment - Move Costs and MH Move and Reset \$4,950.00 TOTAL AMOUNT DUE THIS DISPLACEE \$4,950.00 THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000 TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,950.00

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 (832) 300-6400 (817) 821-9152 Arene.Kaplan@percheronllc.com



CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

Name of Claimant(s):	Parcel No.: P02 - Salter	County	: Fort Be	nd	
Demond Walton	ROW CSJ: N/A		No.: Dai		
	4. Occupancy of Property Acqu	-		ly Falk	
a a	From (Date): 2013		te of Mov	zo):	
	From (Date). 2013	10 (Da	te of ivio	/e).	
	5. Controlling Dates			Day	Yr.
	a. First Offer in Negotiations	12	28	2017	
Address of Property Acquired by State: 4026 Nails Rd	b. Date Property Acquired	11	2018		
Simonton, TX 77476	c. Date Required to Move		10	11	2018
Smonton, 120 77470	6. Dwelling:(house, apartment,	etc.)			
	MH				
	Owner-occupied Tenant		nished		
Apt. No.: N/A	I enant	Uni	furnished		
3. Address Moved To:	(1) Number of Rooms:		6		
	(2) Payment Schedule Amoun	t S	5 1,600.0	0	
Apt. No.:	(3) Total Amount of Claim:	5	5 1,600.0	0	
7. Payment of this claim in the amount shown in Block 6 (L 3) is requested. I certify that I has	ve not sul	mitted a	ny other (elaim
for, or received reimbursement or compensation for, any it	em of expense pursuant to this cl	aim. I fin	ther certi	fy that al	I
information shown above is true and correct.	parameter in the same of			ij mat ar	•
X Demond Walton Claimant: Demond Walton	Date of Claim:		-		
	Date of Claim.				
N/A Claimant:	D				
Ctannant.	Date of Claim:				
	be Completed by County				
8. Type occupancy and number of rooms verified prior to move on:	9. Vacancy verified on:				
move on.					
Date:	Date:				
By:Signature	By:Sig				
	Sig	nature			
I certify that I have examined this claim and found it to con assistance payments. I further certify the computation of th	form to the applicable laws and	regulation	ns goverr	ing reloc	ation
claim is recommended for payment. This claim is recomme	ended for navment as follows:	s snown n	ierein is c	orrect. I	nıs
peymont the older is recomme	ended for payment as follows.				
Amou	nt of \$ 1,600.00				
Date	Pight (of Way Ma	anager		
	Kigiii (or way wi	anager		

Breakdown of Room Count Claim

Print or Type All Informati	ion	
Room Description	Number of Rooms	Number of Rooms
Living Room 1	in Unit	in Claim
Dining Room 1	ı	1
3860	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		100000000000000000000000000000000000000
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
Total	6	6
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
?		
Signed_		

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DEDITORIAND

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration Uniform Relocation and Real Property Acquisition for Federal and Federally-Assisted Programs; Fixed Payment for Moving Expenses; Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

Addt '	1	1	room/	room	no

room no furn. furn.	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 rooms
N. Mariana Is 85 226 28	282	395	508	621	706	790	875	960
Ohio	600	800	1000	1150	1300	1450	1600	1750
Oklahoma	700	900	1100	1300	1500	1700	1850	2000
Oregon	600	800	1000	1200	1400	1600	1800	2000
Pennsylvania 70	500	750	1000	1200	1400	1600	1800	2000
Puerto Rico	350	550	700	850	1000	1100	1200	1300
Rhode Island	600	850	1000	1200	1400	1600	1800	2000
South Carolina	700	805	1095	1285	1575	1735	1890	2075
South Dakota	500	650	800	950	1050	1200	1400	1600
Tennessee250 400 100	500	750	1000	1250	1500	1750	2000	2250
Texas	600	800	1000	1200	1400	1600	1750	1900
Utah	650	800	950	1100	1250	1400	1550	1700
Vermont	400	550	650	850	1000	1100	1200	1300
Virgin Islands	500	700	850	950	1150	1300	1450	1600



CLAIM FOR ACTUAL MOVING EXPENSES

			Print or T	ype All Information			
Name of Claimant(s)				Parcel No: P02 - Salter	County: Fort Bend County		
Demond Walton				ROW CSJ: N/A	Project No.: Daily Park		
☐ Residence	Business		Farm	□ Nonprofit □ S	Sign Other		
2. Address of Property Acquired 4026 Nails Rd, Simonton, TX 774				3. Address Moved To: Remainder			
4. Occupancy of Property Acqu			2000	5. Distance Moved:			
From (Date): To (Date of Move): To Date				7. Mover's Name and Address: w/l 50 miles			
Owner/Occupa		Tenant		wit 50 miles			
6. Controlling Dates	Mo.	Day	Yr.				
a. First Offer in Negotiation	12	11	2017	9. Amount of Claim:			
b. Date Property Acquired	09	11	2018	a. Moving Expenses	\$ 3,350.00		
c. Date Required to Move	10	11	2018	b. Reestablishment Expenses	\$ -0-		
8. Property Storage (attach expl From (Date): N/A To (Date o		/A		c. Searching Expenses	\$ -0-		
Diana Chamil (No. 1 4 11					-		
Place Stored (Name and Address): N/A				d. Tangible Property Loss	\$ -0-		
			0	e. Storage	\$ -0-		
10. Temporary Lodging (attach From (Date): N/A To (Date of	explanation)		f. <u>Temporary Lodging</u> 2. Total Amount	\$ -0-		
				8	\$ 3,350.00		
compensation from any other source	r received rei	mbursemen of expense	t for, an iten paid pursua	e supported by attached receipts. Pay of this n of expense in this claim, and that I will not nt to this claim. I further certify that all protted and agreed terms of the move and that Original Date of Claim:	ot accept reimbursement or		
N/A Claimant: Date of Claim:							
		Space	es Below t	o be Completed by State			
I certify that I have examined this cl the applicable provisions of State la	aim and subs	tantiating de	ocumentatio	n attached herewith, and have found it to be essary reasonable expenses and this claim is	e true and correct and to conform with		
Amount of \$ 3,350.00				· · · · · · · · · · · · · · · · · · ·	2. Tollows.		
Date				Dight of Way May			





CERTIFICATION OF ELIGIBILITY
Project: Daily Park Parcel: P02 - Salter Displacee: Demond Walton
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:
Citizens or Nationals of the United States or Aliens lawfully present in the United States
If an Alien lawfully present in the United States, supporting documentation will be required.
If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.
Date: 8 21/18 Claimant – Demond Walton
N/A Date:

CHECK REQUEST

			October 23, 2018
CLIENT	Fort Bend County		
AFE#			
PROJECT NAME	Fort Bend County -Daily Park P02		
Name	Zella Salter		
Address	4026 Nails Rd		
Address	Simonton, TX 77476		
SS#			
Telephone:			
PROPERTY DESC:	URA Schedule Move Cost for 8 rooms for \$1,900.00		
Decimal Interest in this t	ract (Surface Estate Only):	0.50000	
	1500	0.00000	
Amount Due This Displacee: \$1,		\$1,900.00	
	PAYMENT RECAP	**************************************	*********
**************************************	**************************************	***********	******
PAYMENT DETAILS			
Payment - Move Costs			\$1,900.00
			\$1,900.00
	TOTAL AMOUNT DUE THIS DISPLACEE		\$1,900.00
	THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CL	-AIM	1,00000
			1.00000
	TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE		\$1,900.00

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
(832) 300-6400 (817) 821-9152
Arene.Kaplan@percheronlic.com



CLAIM FOR PAYMENT OF RENT SUPPLEMENT

	Print or Type All Inform	ation - Read Rules on F	Reverse Side	
I. To:		Parcel No.: 02	County: Fort I	Bend County
Fort Bend County		ROW CSJ: n/a	County: Fort Bond County	
2. Name of Claimant:		A Douberson Heri	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		4. Replacement Housing	g Address:	
Zella & Dwayne Salter		TBD		
3. Property Acquired by State: By: Negotiation		Apt. No.:	Site No.:	
Address: 4010-4026 Nails Rd., Simonton, TX 77476				
Apt. No.: Site No.:		8. Date Claimant Moved	d into Replacement H	ousing:
5. Type of Occupancy Covered by	v.This Chi	TBD		
Owner-Occupant House	Tenant (on Land for Relo) House	9. Amount of This Clair	m	\$18,858.00
☐ Apartment ☐ Mobile Home	☐ Apartment ☐ Mobile Home Owner ☐ Sleeping Room	a. Total Rent Suppler Installment (1st, 2	nent nd, 3rd, or Final)	\$18,858.00 \$0
Part Owner of Fee Parcel 6. Controlling Dates	Mo. Day Yr.	b. Total Last Resort	Purchase Payment	\$0
a. First Offer in Negotiationsb. Date Required to Move	12 01 2017	1. Amount Paid o	n Principal	\$0
7. Continuous Occupancy of Pro	perty Acquired by County	2. Incidental Expe	eneae	\$0
From (Date): To (Date of Move):				
10. Payment of this claim in the amount shown in Block 9 above is requested. I certify that this move was made as a result of the acquisition of the property for highway purposes, the information submitted herewith is true and correct, and that the dwelling I now occupy meets the standards of decent, safe and sanitary housing to the best of my knowledge and belief.				
3/7/18 2/1/. 1/+				
Date of CI	aim	X	Zella Salter - Claimani	2
X Alva ye a. Laca)			acci)	
Dwayne Salter - Claimant				
The dwelling at the address under Blo	Spaces Below t	o be Completed by State		
and and address that it be	ex 4 above has been hispected and	in my opinion meets the stand	ards for decent, safe and	sanitary housing.
Date of Insp	pection	Inspect	ed By - Signature	
I certify that I have examined this clai	m and found it to conform to the a	pplicable laws and regulations	governing relocation ass	sistance payments 1 further
certify the computation of the payment and the information shown herein is correct. This claim is recommended for payment.				
Data				
Date:		By:	CW M	
		Right	of Way Manager	





CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1 Name - COL: (C)			-		
Name of Claimant(s): Zella Salter	Parcel No.: 02	County	: Fort Be	nd	
Zena Sanei	ROW CSJ:	Project	No.: Dai	ly Park	
	4. Occupancy of Property Acqu	aired by S	State		
	From (Date): before 2010			2018	
	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations 12 01		2017		
2. Address of Property Acquired by State:	b. Date Property Acquired		09	11	2018
4012 Sanders Rd (Also known as Nails Rd)	c. Date Required to Move 10 31 2018				
Simonton, TX 77476	6. Dwelling:(house, apartment, etc.)				
Apt. No.:	⊠Owner-occupied MH ⊠Tenant Land		nished w furnished	ith own fi	ırniture
3. Address Moved To:	(1) Number of Rooms:		8		
	(2) Payment Schedule Amoun	t \$	5 1,900.0	0	
Apt. No.:	(3) Total Amount of Claim:		5 1,900.0		
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct. Claimant				elaim [
Claimant					
Spaces Below to be Completed by State					
8. Type occupancy and number of rooms verified prior to move on:	9. Vacancy verified on:				
Date:	Date:				
By:	By:				
Signature Leavis, that I have been seen as a second	Sign	nature			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:					
Amount of \$ 1,900.00					
Data				-	
Date	Right o	f Way Ma	mager for	FBC	- 1



Breakdown of Room Count Claim

Print or Type All Information	ı	
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room 1	1	1
Bedroom 3	3	3
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage Shed 1		
Storage Room 1		
Attic		
Total	9	9
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed	_	

[Federal Register Volume 80, Number 142 (Friday, July 24, 2015)]
[Notices]

[Pages 44182-44184]

From the Federal Register Online via the Government Publishing Office [www.gpo.gov] [FR Doc No: 2015-18159]

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration Uniform Relocation and Real Property Acquisition for Federal and Federally-Assisted Programs; Fixed Payment for Moving Expenses; Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

N. Mariana Is	875	960
Pennsylvania. 500 750 1000 1200 1400 1600 Puerto Rico. 350 550 700 850 1000 1100 Rhode Island. 600 850 1000 1200 1400 1600 South Carolina. 700 805 1095 1285 1575 1735 South Dakota. 500 650 800 950 1050 1200 Tennessee. 500 750 1000 1250 1500 1750 Texas. 600 800 1000 1200 1400 1600 Utah. 650 800 950 1100 1250 1400 Vermont. 400 550 650 850 1000 1100 Virgin Islands. 500 700 850 950 1150 1300 Washington. 600 800 1000 1100 1300 1500 1700	1600 1850 1800 1800 1200 1800 1890 1400 2000 1750 1550 1200 1450 1900	1750 2000 2000 2000 1300 2000 2075 1600 2250 1900 1700 1300 1600 2100
West Virginia 750 900 1050 1200 1400 1600 Wisconsin 550 730 935 1140 1350 1560	1800 1650	2000 1800
Virgin Islands 500 700 850 950 1150 1300 Virginia 700 900 1100 1300 1500 1700	1450	1600

Exceptions: 1. The payment to a person with minimal possession who is in occupancy of a dormitory style room or whose resident an agency at no cost to the person is limited to \$100.00.

[FR Doc. 2015-18159 Filed 7-23-15; 8:45 am] BILLING CODE 4910-22-P

^{2.} An occupant will be paid on an actual cost basis for moving his or her mobile home from the displacement site. In addition, the occupant for packing and securing property for the move may be paid at the agency's discretion.



CERTIFICATION OF ELIGIBILITY

Parcel: 02 Displacee: Zella & Dwayne Salter
Individuals, Families and Unincorporated Businesses or Farming Operations
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:
Citizens or Nationals of the United States or Aliens lawfully present in the United States
* If an Alien lawfully present in the United States, supporting documentation will be required.
July Jakt. Date: 12/29/17 Zella Salter - Claimant
Dwayne Salter - Claimant Date: 12/29/17
Incorporated Business, Farm or Nonprofit Organizations
I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.
Claimant Date: