APPENDIX A

Design Section
Forms & Transmittals

Form No. 635037-WP 7/97

Iowa Department of Transportation

ORDER CLAIM

County MAHASKA Date 9/12/2000

Project **STPN-63-3(58)—2J-62** Order No. **5332-XXX-XX**

VENDOR NUMBER *(Accounting Use Only)*	SOC. SEC./TAX I.D. NUMBER *(1099 Reportable Income)*

ACME TITLE SERVICES
P.O. BOX 1234
NOWHERE, IOWA 54321-9876

NOTICE

This is a BILLING STATEMENT. The VENDOR must show a specific charge for each item, and SIGN the CLAIMANT=S CERTIFICATION in INK. Send this CLAIM to the SAME INDIVIDUAL or PLACE as the REQUESTED ITEMS.

VENDOR INVOICE Mo.	Day	Yr.	Inv. No.	Cost Center	Sys. No.	Co. No.	Cont. No.	Paren	Parcel No.	Obj. Code	Func. Code	R-1 U-2	P-1 NP-2	Amount
														$
												TOTAL		$

Approval Authority Date	CLAIMANT=S CERTIFICATION	(DO NOT WRITE IN THIS SPACE)
	I, the within claimant, do certify that the items for which payment is claimed were furnished for State business under authority of the law; and the charges are reasonable, proper and correct, and no part of this claim has been paid.	
	(Sign in Ink) Date	

Deliver the requested items to **James S. Olson, DOT Right of Way Design Office, 800 Lincoln Way, Ames, IA 50010**

ITEM NO.	PLEASE FURNISH THE FOLLOWING:	ACTUAL COST ITEM, PARCEL
	Please furnish one report of lien including attachments per the instructions on the attached forms for the following tracts. Report on all lands which are contiguous or abutting to the land described below which are under the same ownership even though they were not all included in this order.	
102	**FIRST ADDITION OF PARK PLACE OF NW SE IN SECTION 34-92-4, OWNED BY JOHN DOE**	
103	**PART SE SW. PART SW SE, PART NW SE, AND PART OF THE NE SE ALL IN SECTION 34-92-4, OWNED BY GAGE M. DOT**	

JS:ag Please submit these reports to this office by SEPT. 18, 2000 If this schedule cannot be met, please notify this office in writing as soon as possible. Telephone number 515-239-1551. Thank you.

Order Requested
By:_____
DOT Signature Date

Make: 9Full and/or 9Progress Payment
By:_____
DOT Ordering Authority Date

	AUDITED:

EXHIBIT 1A

Form No. 635037-WP 7/97

Iowa Department of Transportation

ORDER CLAIM

County **MAHASKA** Date 9/12/2000

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Mo.	Day	Yr.	Inv. No.											
														$
													TOTAL	$

Approval Authority Date	**CLAIMANT=S CERTIFICATION** **I, the within claimant, do certify that the items for which payment is claimed were furnished for State business under authority of the law; and the charges are reasonable, proper and correct, and no part of this claim has been paid.** **(Sign in Ink)** **Date**	(DO NOT WRITE IN THIS SPACE)

Deliver the requested items to **James S. Olson, DOT Right of Way Design Office, 800 Lincoln Way, Ames, IA 50010**

ITEM NO.	PLEASE FURNISH THE FOLLOWING:	ACTUAL COST ITEM, PARCEL
	Please recertify the attached copy of the report of liens for Parcel No. 100,101,102, & 103 Include all land contiguous which is under the same ownership. Please bring these reports down to present date by means of a simple recertification and return it to this office as soon as possible. Telephone number 515-239-1551. Thank you.	

PH:ag Order Requested Make: 9Full and/or 9Progress Payment

By:_____ By:_____

DOT Signature Date DOT Ordering Authority Date

AUDITED:

EXHIBIT 1B

Form 632004wd
09-94

Iowa Department of Transportation

Right-of-Way Office
REPORT OF RECORD
OWNERSHIP AND LIENS

INDEX
I Order No. _____
N Date _____
D County _____
E Project No. _____
X Parcel or Tract No. _____

1. This Report Is Prepared For A Tract(s) Of Land Located In _____ County, Iowa, More Particularly Described As Follows:

2. Title To The Above Described Tract(s) Is In _____

(REPORT AND ATTACH outstanding Purchase Contracts, Articles of Incorporation, etc.)

3. Title Was Acquired By _____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____

4. The Following Additional Title Instruments And Proceedings Affect Title:
(Include all transfers of title occurring within the past five years)

Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg.

5. The Tract(s) Is Zoned (None _____) _____ Bk. _____ Pg. _____

6. Restrictive Covenants Apply (None _____) _____ Bk. _____ Pg. _____

7. Subject To Land Use Agreements (None _____) _____ Bk. _____ Pg. _____
_____ Bk. _____ Pg. _____ _____ Bk. _____ Pg. _____

8. Attach description of land included in agricultural area as provided in Iowa Code Section 93A.8. (None _____)

9. Mineral Reservations (None _____) _____ Bk. _____ Pg. _____

10. Title To This Tract(s) Is Also Subject To:
A. Mortgages (None _____) _____ Dated _____ Bk. _____ Pg. _____
B. Judgements (None _____) _____ Dated _____ Bk. _____ Pg. _____
C. Financing Statements (None _____) _____ Dated _____ Bk. _____ Pg. _____
D. Taxes and Assessments (None _____) _____ Dated _____ Bk. _____ Pg. _____
E. All Other Liens (None _____) _____ Dated _____ Bk. _____ Pg. _____
_____ Dated _____ Bk. _____ Pg. _____

Attach Copies Of All Instruments Listed In Items 3 Through 10 Inclusive

11. Certification – The Undersigned Hereby Certifies That Title To This Land Is As Reported And Shown In The Records Of _____ County, Iowa.

This Report Is A Report Of Liens Only. No Examination Is Made And No Opinion Has Been Formed As To The Legal Effect Of Any Instrument Or Proceeding Inspected. It Is Made For The Exclusive Information And Use Of The Iowa Department Of Transportation And The State Of Iowa And No Liability For Errors Or Omission Will Accrue To The Benefit Of Any Other Person, Firm, Or Corporation.

Dated this _____ day of _____ , 20 _____ , at _____ o'clock ____ M
At _____ , County of _____ , State of Iowa

Signed _____
Title _____
Address _____
Telephone Number _____

On Reverse Side Please List Any Additional Information You May Have Such As Names And/Or Addresses of Spouses, Property Managers, Lienholders, Attorneys Involved In Proceedings Affecting Ownership, Any Instruments Of Which You May Have Knowledge But Which Are Not Shown Of Record, Etc.

EXHIBIT 2

12. Assessment Data And Information Furnished But Not Certified To:

BY 40 AC TRACT OR LOT

LAND ASSESSED	SEC.	TWP.	RNG.	Acres of Lots Taxed

EXHIBIT 2 (cont.)

IOWA DEPARTMENT OF TRANSPORTATION
PROJECT DEVELOPMENT
PLOT PLAN

PARCEL NO.: _____

OWNER: _____

SECTION: _____ T _____ N-R _____ W.

SCALE: 1"= _____

LEGEND

R.O. OR EASEMENT LINE:

ACCESS LOCATION POINT:

PROPERTY LINE:

COUNTY: _____ PROJECT NO.: _____

EXHIBIT 3

Iowa Department of Transportation

ROW Design Transmittal

TO: John Doe

FROM: James S. Olson

DATE: 06/03/00

RE: County Mahaska

Project STPN-63-3(58)—2J-62

Pin No. 12-34567-8

Description W. of Here to 0.6km E. of There

We are attaching 1 parcels for appraisal/acquisition on the above project.

There are a total of 101 parcels on the project.

0 of the attached parcels are original submittal.

1 of the attached parcels are revisions. The revisions involved parcels numbered 000

--- parcels are being held on this project for the following reasons:

Fee Appraisal Files are attached for parcels numbered

--- buildings lie within the proposed right of way. _____are homes, _____are commercial enterprises.

Access Control Classification adjacent to this property is Priority IV

Acquisition of Access will be necessary on the project.

The following utilities and/or railroads are involved with the project:

You should be aware of the following general information concerning this project:

James S. Olson
Right of Way Design Supervisor

By _____
Right of Way Design Section

C D. R. Hicks
S. B. Westvold
S. D. Albright
D. E. Muessigmann
B. B. Banker
D. C. Bates
D. A. Popp
E. L. Fawkes

EXHIBIT 4

RIGHT OF WAY OFFICE

SUMMARY OF PROPOSED ACQUISITION

DESIGN SECTION

ID No. _____

County _____ Project No. _____ Parcel No. _____

Owner of Record _____

_____

Contract Purchaser _____

Leasehold _____

Mineral Rights /Mineral Leases _____

_____

1. PERMANENT ACQUISITION AND PROPERTY AREAS:

ROW in Name of State	_____ acres /SF	
Excess Land Area	_____ acres /SF	
Wetland Mitigation Area	_____ acres /SF	_____ acres /SF
* Fee Title ROW in Name of City	_____ acres /SF	
ROW in Name of County	_____ acres /SF	
* Easement for _____	_____ acres /SF	
* Easement in Name of County for _____	_____ acres /SF	_____ acres /SF
* Easement in Name of City for _____	_____ acres /SF	

Area of remaining property

Left of ROW	_____ tax acres /SF	_____ acres /SF
Right of ROW	_____ tax acres /SF	

Total area of property before acquisition (sum of above) _____ acres /SF

* Quit Claim Deed _____ acres /SF

* Refer to plat for takings from more than one tract

2. FLOWAGE EASEMENT TO ELEV. _____ _____ acres

3. RIGHT TO POND WATER TO ELEV. _____ _____ acres

4. ACQUIRE UNDERLYING TITLE TO EXISTING ROW (CURRENTLY HELD BY EASEMENT)

State _____ acres

5. TEMPORARY ACQUISITION:

Borrow by Easement _____ acres

Haul Road by Easement _____ acres

Detour by Easement _____ acres

Temporary Easement to _____

_____

6. ACCESS CONTROL: Classification adjacent to this property is ☐ Priority I ☐ Priority II ☐ Priority III ☐ Priority IV ☐ Priority V ☐ Priority VI

Access rights to be acquired between Stations _____ & Sta. _____

_____ & Sta. _____

_____ & Sta. _____

_____ & Sta. _____

Access location points at stations _____

_____

Entrances will be constructed at Stations _____

_____

_____

Additional Length of Drive _____ ft.

7. ROW FENCING:

The State will construct access control fencing through the Priority I access control limits; sta. _____ to _____, sta. _____ to _____, sta. _____ to _____, sta. _____ to _____, including side road access control limits; sta. _____ to _____, sta. _____ to _____, sta. _____ to _____, sta. _____ to _____, sta. _____ to _____, sta. _____ to _____.

The Acquisition Agent is responsible for determining the amount of right of way if any is to be replaced in all other locations.

COMMENTS: _____

_____

_____

_____

_____

Prepared by: _____

Date: _____

EXHIBIT 5

08/16/00 09:17 HSL PRINT FOR R.D. ROW PAGES: 1 - 7 GEN: 1

PARCEL CHECK BY PROJ UPDATED 07/12/00 09:17 PAGE: 1
AND : 2

R2360004 PARCEL CHECK LIST BY PROJECT NUMBER

COUNTY : TAMA PROJECT NO. :STPN-63-3(58)—2J-62 PIN: 12-34567-8

CONSTRUCTION NO. :STP-63-3(56)—19-62 ASSIGNED TO: JJC

DESCRIPTION : W. OF HERE TO 0.6KM E. OF THERE

PARCEL	KEY	OWNER	TYPE	R/W W.D. OR EASE.	BORROW W.D OR EASE.	HOUSE OR OTHER COMMERCIAL
100	12345	JANE Q. PUBLIC	FEE	20.66	WA	
		JACK M. PUBLIC	FEE			
101	23456	ACME CORP.	FEE	5.01	WA	
102	34567	JOHN DOE	FEE	6.66	WS	
		FRANK M. PLAT	CP1			
		GENE R. PLAT	CP1			
103	65734	GAGE M. DOT	FEE	9.99	WS	

EXHIBIT 6

RIGHT OF WAY OFFICE
MITIGATION/EXCESS
LAND DETERMINATION

ID NO. _____

PARCEL NO. _____

ACQUIRED FROM _____

SECTION: _____T_____N-R _____W SCALE:1"= _____

COUNTY: CALHOUN PROJECT NO.: NHSN-020-3(95)--2R-13

FORMULA EVALUATION	TOTAL ACQUISITION		ROW ACQUISITION		BORROW/MITIGATION		EXCESS LAND ACQUISITION	
	AREA	VALUE	AREA	VALUE	AREA	VALUE	AREA	VALUE
LAND		$		$		$		$
IMPROVEMENTS	[redacted]	$	[redacted]	$	[redacted]	$	[redacted]	$
TOTAL		$		$		$		$

FILLED IN BY _____ DATE _____, 20_____

C: PROPERTY MANAGEMENT
WETLANDS UNIT
T. GETTINGS
V. GOETHALS (ORIG.)

EXHIBIT 7

Iowa Department of Transportation

OFFICE of RIGHT OF WAY
REQUEST FOR R.O.W.REVISION

Date: July 3, 2000 **Project:** STPN-63-3(58)0—2J-62

Parcel number: 000 **County:** MAHASKA

Ownership: GAGE M.DOT

Revision requested by: JOHN DOE

Reason for revision: PROPERTY LINE HAS CHANGED

Approved by: _____ Date _____
ROW Design Supervisor

Approved by: _____ Date _____
ROW Director/Manager ROW Operations

Approved by: _____ Date _____
Access Supervisor

Approved by: _____ Date _____
Transportation Engineer

Revision made by: _____ Date _____

EXHIBIT 8

IOWA DEPARTMENT OF TRANSPORTATION

To Office	Corridor Development & Prelocation Studies	Date	July 3, 2000
Attention		Ref. No.	Mahaska
From	ROW Design Supervisor	ROW No.	STPN-63-3(58)—2J-62
Office	Right of Way	Const. No.	STP-63-3(56)—19-62
Subject	(R1) Complete Plans	PIN No.	12-34567-8

Attached is the two half size sets of plans and two parcel check lists for the above project. Borrow areas for the project are not included in these plans. If borrow areas are needed and they are not included in this plan submittal, they will be submitted at a later date. The full size plan is for your use and the half size plans are to be used in making archeological surveys.

Supervisor

By_____
Right of Way Design Section

Attachment

c: Director, Office of Design
District Engineer
Project File

EXHIBIT 9

IOWA DEPARTMENT OF TRANSPORTATION

To Office District 1

Attention John Doe

From ROW Design Supervisor

Office Right of Way Design

Subject Mahaska Co. ROL's

Date July 3, 2000

Ref. No. Mahaska
(County)

ROW No. STPN-63-3(58)—2J-62

CONST No. STP-63-3(56)—19-62

Attached is/are 1Report of Liens for the above project. The report is for parcel number **000.**

Supervisor

By _____
Right of Way Design Section

Attachment

c: Project file

EXHIBIT 10