

ADMINISTRATIVE SETTLEMENT

Owner(s): Don C. Couch and Mary Hieronymus
Couch, husband and wife
JP No. 26308(04)
Tenant(s): N/A
County Tulsa
Date: June 9, 2016
Parcel No. 2

The owner(s) of the above listed parcel(s) has/have refused the States offer of \$ 17,800.00 but has/have agreed to accept \$25,000.00, and execute all Right-of-Way documents. Basis for settlement is cost of condemnation and exposure to possible higher award. After a careful review of the current market data for the general area, it appears that the owners' counteroffer is within range of fair market value. It is recommended that the authorized amount be increased as set out below. It is believed that such a settlement would be in the public interest and protect public funds. It would also insure that the State pays and the owner(s) receive just compensation as required by law.

This settlement was verbally approved by Chad Parsons on 7/11/2017

Authorized Negotiation Amount	\$	<u>17,800.00</u>
Addition	\$	<u>7,200.00</u>
Revised Negotiation Amount	\$	<u>25,000.00</u>

This Request Initiated By: Nikki Patterson Sara Wyly
Agent: Nikki Patterson Supervisor: Sara Wyly

ODOT Right-of-Way Agent OR **Contract Fee Agent** Universal Field Services, Inc.
 (circle one)

Recommend Approval _____ on _____
Manager, Acquisition Branch Date

NOTE: The following are ineligible items which are included above: _____

Remarks: _____

Approved by: _____ \$ _____
Chief, Right-of-Way Division Date Amount

Nikki Patterson

From: Sara Wylly
Sent: Tuesday, July 11, 2017 11:11 AM
To: Nikki Patterson
Subject: FW: Tulsa/Wagoner - 26308(04) - Parcel 2 - Couch

From: Chad Parsons [mailto:CPARSONS@ODOT.ORG]
Sent: Tuesday, July 11, 2017 11:03 AM
To: Sara Wylly <swylly@ufsrw.com>
Subject: RE: Tulsa/Wagoner - 26308(04) - Parcel 2 - Couch

Counter offer is approved "up to" \$25,000.00

Chad D. Parsons, CPM
Assistant Chief, Right-of-Way & Utilities Division
Oklahoma Dept. of Transportation
200 N.E. 21 Street
Oklahoma City, OK. 73105
Office Phone: (405) 521-2661
FAX: (405) 522-4230



From: Sara Wylly [mailto:swylly@ufsrw.com]
Sent: Tuesday, July 11, 2017 9:39 AM
To: Chad Parsons
Subject: FW: Tulsa/Wagoner - 26308(04) - Parcel 2 - Couch

Chad,

The owner of parcel 2 has countered with no support other than his perception of land value.

Offer: \$17,800.00
Counter: \$25,000.00
Difference: \$7,200.00 or 40.45% increase

Just as a quick reference here are the counters you have approved on this project:

P-1 Offer: \$7,410.00; Settlement approved: \$9,500.00; 28%
P-3/14 Offer: \$124,200.00; Settlement approved: \$139,680.00; 12%
P-4 Offer: \$61,150.00; Settlement approved: \$80,000.00; 31%
P-5 Offer: \$6,240.00; Settlement approved: \$7,000.00; 12%
P-6 Offer: \$9,875.00; Settlement approved: \$22,500.00 128%
P-7 Offer: \$2,758.00; Settlement approved: \$6,500.00; 136%
P-12 Offer: \$13,980.00; Settlement approved: \$28,500.00; 104%
P-20 Offer: \$21,000.00; Settlement approved: \$35,000.00; 67%

Please advise.
Thanks
Sara

From: Nikki Patterson
Sent: Monday, July 10, 2017 9:26 AM
To: Sara Wylly <swylly@ufsrw.com>
Subject: Tulsa/Wagoner - 26308(04) - Parcel 2 - Couch

Sara,

I spoke with Don Couch today and he said he would like to counter offer:

Offer: \$17,800.00
Counter: \$25,000.00
Difference: \$7,200.00 or 40.45% increase

Please Advise,

Nikki Patterson

Right-of-Way Agent
6737 S. 85th E. Avenue, Tulsa, OK 74133
T: (800) 447-9191 | O: (918) 494-7600 | F: (918) 494-7650 | C: (918) 694-5425
www.ufsrw.com



Leading the Way in Right of Way



 Please consider the environment before printing this email.

ODOT FORM 324a
Rev. 06/2002
DEPARTMENT OF
TRANSPORTATION

Notarized Claim Form

FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:
	345			Don C. and Mary H. Couch
FOR AGENCY USE ONLY				Address: _____ City St. Zip: _____
				FEI No: _____
ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
				FOR \$25,000.00 AGAINST
				Oklahoma Department of Transportation ASSIGNMENT
Enter the partial payment or final payment number if claim is to be charged against an encumbered order				WARRANT (LOCATOR) NO.
Partial No. Final No. TOTAL AMOUNT				I hereby assign this claim to _____
OSF- AUDITED BY				and authorize the State Treasurer to issue a warrant in payment to said assignee.
				Date: _____
				Claimant: _____

Receipt of Goods or Services Date

DATE OF DELIVERY	PURCHASE ORDER NUMBER	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	AMOUNT
				Payment for the acquisition of 0.43 acres of Permanent Right-of-Way (P-2) and damages.	\$25,000.00	
				Improvements to be purchase include: Acquire Cross Fences Acquire Gravel Drive		
				Damages include: Replace Gate Support Posts and Relocate Gate and Replace 5 Strand Barbedwire Cross Fencing and this property is a partial acquisition and includes any and all damages within the acquired area.		
				Total Compensation	\$25,000.00	
				J/P No.: 26308(04) Project: STP-172A(457)IG County: Tulsa Parcel: 2		
CLAIM 1 OF 1						

The undersigned contractor or duly authorized agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the giving of the contract and has been personally and directly involved in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's control or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contractor obtaining payment.

Subscribed and Sworn before me on this _____ day of _____, 2019.

State of Oklahoma County of Comanche Number 15008207

My Commission Expires 09/03/2019 Date _____

Notary Public (or Clerk or Judge)

Approval Nikki Patterson \$25,000.00
Approval Sara Wyly \$25,000.00
Approval Don Couch \$25,000.00
Approval Mary Hieronymus Couch \$25,000.00
Approval M. Pira-Uhsan \$25,000.00

Claimant: Don C. Couch and Mary Hieronymus Couch

ODOT Acct	Job Piece	Item	Part	Amount	Object	Encumbrance
Total						

APPROVAL
I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Agency's Approving Officer _____

Director _____ Date _____



Vendor/Payee Form

Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

DO NOT use this form for:

- > **Garnishment Payees:** Use OMES Form OSF_GARNVEND located at: http://www.ok.gov/OSF/documents/osf_garnvend.pdf
- > **State Employees:** Use OMES FORM ADD/CHANGES FOR EMPLOYEES/BOARD MEMBERS located at: <http://www.ok.gov/OSF/documents/OMESVendorFileChanges.pdf>
- > **Vendors pending contract award** to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to Central Purchasing Vendor Registration located at: http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html.

AGENCY SECTION (To be completed by state agency representative):

State agency should email completed and signed form to vendor.form@omes.ok.gov or fax to 405-522-3663.

Agency Name	ODOT# 345		Contact Name	Tom Sweeney	
Phone #	521.2591	Fax #	Email	tsweeney@odot.org	
Agency Request To – Please select all applicable request types					
<input checked="" type="checkbox"/> Add New Vendor		<input type="checkbox"/> Update Existing Vendor		PeopleSoft 10-digit Vendor ID _____	
<input type="checkbox"/> Add New Address		<input type="checkbox"/> Change Address/Location		PeopleSoft Address # _____	PeopleSoft Location # _____
<input type="checkbox"/> Change Vendor Tax ID		<input type="checkbox"/> Change Vendor Name		<input type="checkbox"/> Add Alternate Payee Name	PeopleSoft Location # _____
<input type="checkbox"/> Other		Explain _____			
Vendor 1099 Reportable Status Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:					
<input type="checkbox"/> Add:		<input type="checkbox"/> 1 - Rents		<input type="checkbox"/> 2 - Royalties	
<input type="checkbox"/> Remove:		<input type="checkbox"/> 6 - Medical & Health Care		<input checked="" type="checkbox"/> 7 - Non-Employee Compensation	
		<input type="checkbox"/> 14 - Gross Proceeds to an Attorney		<input type="checkbox"/> 3 - Prizes & Awards	
				<input type="checkbox"/> 10 - Crop Insurance Proceeds	

VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.						
Name	DON C. COUCH			Contact Name	DON C. COUCH	
<i>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</i>				Contact Title	OWNER	
DBA Name	DON C. & MARY H. COUCH			Phone #	(580) 596-1825	
<i>Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name</i>				Fax #		
Tax Identification Number (TIN) and Type:		444 420780		<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)		
Owner Address or Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service						
Address	56 LAKEVIEW CIRCLE			City	LAWTON	
State	OKLAHOMA	Zip+4	73507	Remittance Email		
Optional Addresses – Please select address type as applicable						
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other:
Address 1				City		
State		Zip+4		Remittance Email		
Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.						
Name				Title		
				Email		

W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN) _____ If none, but applied for, date applied _____

U.S. Social Security Number (SSN) 444-42-0780 If none, but applied for, date applied _____

Entity Filing Classification:

Domestic (U.S.) Sole Proprietor Domestic (U.S.) Partnership Domestic (U.S.) Corporation Type: _____

Limited Liability Company Type: _____ Disregarded Entity: YES NO

Domestic (U.S.) Other Explain: _____

Foreign (Non-U.S.) Sole Proprietor* Foreign (Non-U.S.) Partnership* Foreign (Non-U.S.) Corporation* Type: _____

Foreign (Non-U.S.) Other* Explain: _____

FOREIGN VENDOR INSTRUCTIONS: * ADDITIONAL DOCUMENTATION IS REQUIRED.

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/iw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-8BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Don Couch
Signature of Vendor Representative or Individual Payee

7/26/2017
Date

DON C. COUCH
Title of individual signing form for company

OWNER
Vendor/Payee (Must be the same as Payee Name from page 1)



Vendor/Payee Form

Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

DO NOT use this form for:

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- > **State Employees:** Use OMES FORM ADD/CHANGES FOR EMPLOYEES/BOARD MEMBERS located at: <http://www.ok.gov/OSF/documents/OMESVendorFileChanges.pdf>
- > **Vendors pending contract award** to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to Central Purchasing Vendor Registration located at: http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html.

AGENCY SECTION (To be completed by state agency representative):
 State agency should email completed and signed form to vendor.form@omes.ok.gov or fax to 405-522-3663.

Agency Name	ODOT# 345		Contact Name	Tom Sweeney	
Phone #	521.2591	Fax #	Email	tsweeney@odot.org	
Agency Request To – Please select all applicable request types					
<input checked="" type="checkbox"/> Add New Vendor	<input type="checkbox"/> Update Existing Vendor	PeopleSoft 10-digit Vendor ID _____			
<input type="checkbox"/> Add New Address	<input type="checkbox"/> Change Address/Location	PeopleSoft Address # _____	PeopleSoft Location # _____		
<input type="checkbox"/> Change Vendor Tax ID	<input type="checkbox"/> Change Vendor Name	<input type="checkbox"/> Add Alternate Payee Name	PeopleSoft Location # _____		
<input type="checkbox"/> Other	Explain _____				
Vendor 1099 Reportable Status	Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:				
<input type="checkbox"/> Add:	<input type="checkbox"/> 1 - Rents	<input type="checkbox"/> 2 - Royalties	<input type="checkbox"/> 3 - Prizes & Awards		
<input type="checkbox"/> Remove:	<input type="checkbox"/> 6 - Medical & Health Care	<input checked="" type="checkbox"/> 7 - Non-Employee Compensation	<input type="checkbox"/> 10 - Crop Insurance Proceeds		
	<input type="checkbox"/> 14 - Gross Proceeds to an Attorney				

VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.						
Name	MARY HIERONYMUS COUCH			Contact Name	MARY HIERONYMUS COUCH	
<i>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</i>				Contact Title	OWNER	
DBA Name	MARY H. & DON C. COUCH			Phone #	(580) 596-1825	
<i>Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name</i>				Fax #		
Tax Identification Number (TIN) and Type:			444-44-7131	<input type="checkbox"/> Federal Employer ID (FEIN) <input checked="" type="checkbox"/> Social Security Number (SSN)		
Owner Address or Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service						
Address	56 LAKEVIEW CIRCLE			City	LAWTON	
State	OKLAHOMA	Zip+4	73507	Remittance Email		
Optional Addresses – Please select address type as applicable						
Type:	<input type="checkbox"/> Remitting	<input type="checkbox"/> Ordering	<input type="checkbox"/> Pricing	<input type="checkbox"/> Returning	<input type="checkbox"/> Mailing	<input type="checkbox"/> Other:
Address 1				City		
State		Zip+4		Remittance Email		
Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.						
Name			Title		Email	

W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN) _____ If none, but applied for, date applied _____

U.S. Social Security Number (SSN) 444-44-7131 If none, but applied for, date applied _____

Entity Filing Classification:

Domestic (U.S.) Sole Proprietor Domestic (U.S.) Partnership Domestic (U.S.) Corporation Type: _____

Limited Liability Company Type: _____ Disregarded Entity: YES NO

Domestic (U.S.) Other Explain: _____

Foreign (Non-U.S.) Sole Proprietor* Foreign (Non-U.S.) Partnership* Foreign (Non-U.S.) Corporation* Type: _____

Foreign (Non-U.S.) Other* Explain: _____

FOREIGN VENDOR INSTRUCTIONS: * ADDITIONAL DOCUMENTATION IS REQUIRED.

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/iw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Mary Hieronymus Couch
Signature of Vendor Representative or Individual Payee

7/26/2017
Date

MARY HIERONYMUS COUCH

Title of individual signing form for company

OWNER

Vendor/Payee (Must be the same as Payee Name from page 1)