



CONDITIONS AND REQUEST FOR PAYMENT

Conditions: (List physical conditions required for acceptance):

Fee Simple

Terms for Payment:

Owner's request for payment in the amount of: \$25,530.00

Owner's Mailing Address: 1114 E Dover St Broken Arrow, OK 74012

Owner Requests Check:

- ☐ Mailed to above address by Certified Mail
- ☐ Mailed to above address
- ☐ Call me and I will pick it up
- ☒ Delivered by Agent

Check Payable to: Machmueller Family Trust

Signature/Date:

Owner/s:

By Machmueller TRUSTEE
Billie Op Machmueller, Trustee

Date:

7-23-2025
7/23/2025

Agent:

Karen L. Pax

Date:

7/23/25

Project:

ST23280 9th: New Orleans-Washington, Parcel 27.0