ADMINISTRATIVE SETTLEMENT

Owner(s):	Don C. Couch and Mary Hieronyl Couch, husband and wife	mus	JP No. 26308(04)							
Tenant(s):	N/A		County Tulsa							
Date:	June 9, 2016	 P.	Parcel No. 2							
has/have agr of condemna for the gene recommende settlement w and the owne	eed to accept \$25,000.00 , and extraction and exposure to possible his ral area, it appears that the over that the authorized amount yould be in the public interest an er(s) receive just compensation a	xecute all Right-of-Way docur igher award. After a careful r vners' counteroffer is within be increased as set out be d protect public funds. It wood s required by law.	offer of \$ 17,800.00 but ments. Basis for settlement is cost review of the current market data range of fair market value. It is elow. It is believed that such a uld also insure that the State pays							
	ent was verbally approved by - Negotiation Amount	Chad Parsons	on							
Addition		\$	7,200.00							
Revised Neg	otiation Amount	\$	25,000.00							
This Re	equest Initiated By:	Nikki Patterson	Supervisor: Sara Wyly							
ODOT F	Right-of-Way Agent OR (circle one)	Contract Fee Agent	Universal Field Services, Inc.							
Reco	ommend ApprovalManag	ger, Acquisition Branch	on Date							
NOTE: The	following are ineligible items whic	ch are included above:								
Remarks:										
Approved b	y:		\$							
(Chief, Right-of-Way Division	Date	Amount							

Nikki Patterson

From:

Sara Wyly

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 Wyly < swyly@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 Wyly [mailto:swyly@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:

Offer: \$7,410.00; Settlement approved: \$9,500.00; 28% P-3/14 Offer: \$124,200.00; Settlement approved: \$139,680.00; 12% 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 Wyly < swyly@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,

Níkkí 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 <u>www.ufsrw.com</u>



Leading the Way in Right of Way







ODOT FORM 324	FUND	A	AGENCY ORDER NO.			CLAIM NO.	CLAIM OF:	CLAIM OF: Don C. and Mary H. Couch			
Rev. 06/2002 DEPARTMENT O			345	345						1	
TRANSPORTATI		FOR AGENCY	Y USE OI	VLY				City St. Zip			
Notarized Claim For								FEI No.			
ACCOL	JNT	SUB-ACTI	IVITY		OBJECT	CFDA	AMOUNT	1	FOR		
									\$25,000.00		
									AGAINST		
								-	Oklahoma Department (ASSIGNMENT	of Transportation	WARRANT
								I hereby assig	n this claim to		(LOCATOR) NO.
									the State Treasurer to issue ayment to said assignee.		
Enter the partial payr	nent or final paym	nent		Partial	Final			Date:			
number if claim is to encumbered order.	be charged again:	st an		No. No. TOTAL			AMOUNT DITED BY	Claimant:			
						OSP- AUI	DIED BT				
Receipt of Goods or											
DATE OF	PURCHASE ORDER				IT	EM			UNIT	AMC	DUNT
DELIVERY	NUMBER	QUANTITY	UNIT	Pavment	for the acquisi		f 0.43 acres of Permane	nt Right-	PRICE \$25,000.00		
DATE					P-2) and damag		or to doreo of a crimane	int raigint-	\$23,000.00		
				Improve	ments to be pur	rchase	include: Acquire Cros	s Fences			
				- S S U	Gravel Drive						
				Damages	s include: Repl	ace G	ate Support Posts and F	Relocate			
				1	58		rbedwire Cross Fencing	-			
					within the acq		sition and includes any area.	and an			
							Total Con	npensation	\$25,000.00		
					26308(04) STP-172A(457)	NG.					
				County:		,10					
				Parcel:	2	CI AIN	110F1				
The undersigned con	tractor or duly au	thorized agent,	of lawful	age, being first o	duly sworn, on oath says			Approval	Nikki Patterson		
					by this claim have been r terms of the contract. A			Miles	be toooose	77	\$25,000.00
states that (s)he is th	e duly authorized	agent of the co	ntractor f	or the purpose of	of certifying the facts perta	ining to th	e	Approval	Sara Wyly		+==,000.00
of the facts and circu	mstarces surrout	ding the makin	g of the c	ocure the contra contract and has	act or obtain payment; (s) been personally and dire his claim; and, neither the	ne is fully a ctly involve	ed		Malle	Les	\$25,000.00
in the proceedings le	ading to the dree	Herhert Stop o	bhract a has been	nd the filing of to paid, given or o	his claim; and, neither the donated or agreed to pay	contracto	nor	Approval	1	1	
to any officer or emp	Pres orting Opt	of Rajome a	nymone	or other thing	donated or agreed to pay, of value, either directly or	indirectly,	- /	<u> </u>			\$25,000.00
in procuring the cont Subscribed and	7	Sex of	017	F _	Donc	4	neh	Approval			
Sworn hefore me	7/28/	ZRAIRO	, '	=	mary	zen	engines Couch	1			\$25,000.00
= 0	EXP	- Bale On 10	X	111,	Claimant: Don C. Cou	ich and M	ary Hie onymus Couch	Approval			
State of	7 RU	BlaC	10,3	County of	Comanche		Number <u>15008207</u>				\$25,000.00
3	III OF	OKLA	IIII		1928 VA 1944	0	0.	Approval			
My Commission E	xpires ///////	Date	2019	_	m pi	RLS-					\$25,000.00
ODOT Acct.	Job Piece			ODOT Accountin			Notary Public (or Clerk or Judge)		82 Year (2019) 6800 day	/A1	
ODOT ACCI.	JOD PIECE	Item	Part.		Amount		oject Encumbrance	1	APPROVI		tify it
									complies with the purchasi	ing laws of this Stat	e.
									gi hanzana Majarin, syerinana		
•									Agency's Approv	ving Officer	
·									Director		Date
			Total						and and the transfer		- 419
			iotal	5.		1	8 9				



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 Nan	пе	ODOT# 34			Contact Na	ame	Tom Sw	eeney		
Phone #		521.2591		Fax#			Email		tsweeney	/@odot.org
Agency Request To – Please select all applicable request types										
Add New	Vend	or	□ Upo	date Exist	ting Vendor	Peop	pleSoft 10-diç	git Ven	dor ID	
☐ Add New	Addre	ess	☐ Cha	ange Add	ress/Location	Peop	pleSoft Addre	ess#	-	PeopleSoft Location #
☐ Change V	endo	r Tax ID	□ Cha	ange Ven	dor Name	□А	dd Alternate	Payee	Name	PeopleSoft Location #
□ Other		Explain								
Vendor 1099 Reportable Status Attention Paying Agency: Please check the Add box on the left if pay listed on page 3 of this form. If the vendor is incorrectly showing as 100 requires specific details regarding the type of transaction. Please check						1099	Reportable.	check the Remove box. The PeopleSoft system		
□ Add:		□ 1 - Rents					2 - Royaltie	2 - Royalties 3 - Prizes & Awards		
□ Remove:		☐ 6 - Medical & Health Care					☐ 7 - Non-Employee Compensation ☐ 10 - Crop Insurance Proceeds			
L Remove.		☐ 14 - Gross Proceeds to an Attorney								-
				VE	NDOR/PAYEE SECT	rion (To be comple	eted by	vendor/pa	ayee)
Please print	legik	oly or type th	is inforn	nation. F	orm must be comp	oleted	and signed	by auti	horized ind	lividual. Email or fax to requesting state agency.
Payee Inforr	natio	n: Please pro	vide the	request		he pay	ee receiving	funds f	rom the Ok	lahoma state agency. All information should
Name	DO	N C. COI	JCH					Cont	act Name	DON C. COUCH
Payee Legal	Nam	e for Busines:	s, Individ	dual or G	overnment Entity as	s filed	with IRS	Cont	act Title	OWNER
DBA Name	10D	ON C. & MARY H. COUCH						Phor	ne #	(580) 596-1825
Doing Busine	ess A	s "DBA", or D	isregard	led Entity	Name if different th	han Le	gal Name	Fax 7	#	
Tax Identification Number (TIN) and Type: 444420786							780	□F	ederal Emp	oloyer ID (FEIN) ■Social Security Number (SSN)
Owner Addre Business Ad	ess or ddres	s s Please p	rovide p	rimary bu	ısiness address as			nterna	Revenue S	Service
Address	56	LAKEVIE	W CI	RCLE	8				City	LAWTON

State Zip+4 Remittance Email Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic

☐ Mailing

Remittance Email

☐ Other:

City

Funds Transfer payment proce	esses. An email will be sent providing i	nstructions for accessing the State of Oklahoma online regist	ration syst
Name	Title	Email	

Optional Addresses - Please select address type as applicable

☐ Ordering

Zip+4

☐ Pricing

73507

☐ Returning

OKLAHOMA

☐ Remitting

State

Type:

Address

W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

	formation below is requested under e state, or may result in the state l					om being able	to do business			
U.S	S. Taxpayer Identification Number	(TIN)								
Fed	deral Employer Identification Number	r (FEIN)	If none, but applied for, date applied							
U.S	S. Social Security Number (SSN)	444.	42-078	O If non-	e, but applied for, date	applied				
En	tity Filing Classification:									
	Domestic (U.S.) Sole Proprietor	☐ Domestic (U.S.)	Partnership	□ Domestic (U	J.S.) Corporation	Туре:				
	Limited Liability Company	Туре:		Disregarded Entit	ty:	☐ YES	□ NO			
	Domestic (U.S.) Other Ex	xplain:								
	Foreign (Non-U.S.) Sole Proprietor*	☐ Foreign (Non-U.	S.) Partnership*	☐ Foreign (Nor	n-U.S.) Corporation*	Туре:				
	Foreign (Non-U.S.) Other*	xplain:								
FO	REIGN VENDOR INSTRUCTIONS:	* ADDITIO	NAL DOCUMEN	ITATION IS REC	QUIRED.					
Ple or i	ase submit the proper U.S. Internal Individual description. Please refer to	Revenue Service (IR IRS for additional in	S) Form W-8, Ce structions (<u>http://</u>	rtificate of Foreig www.irs.gov/pub/	n Status. Select form b irs-pdf/iw8.pdf).	oelow matching	the payee's entity			
-	Form W-8BEN: Certificate of Fore http://www.irs.gov/pub/irs-pdf/fw8b		cial Owner for Un	ted States Tax W	/ithholding and Reporti	ing (Individuals,				
-	Form W-BEN-E: Certificate of Sta http://www.irs.gov/pub/irs-pdf/fw8b	tus of Beneficial Owr pene.pdf	ner for United Sta	tes Tax Withhold	ing and Reporting (Ent	tities).				
¥	Form W-8ECI: Certificate of Foreig States. http://www.irs.gov/pub/irs-p	gn Person's Claim Th odf/fw8eci.pdf	nat Income is Effe	ectively Connecte	d With the Conduct of	a Trade or Bus	iness in the United			
-	Form W-8EXP: Certificate of Fore http://www.irs.gov/pub/irs-pdf/fw8e		other Foreign Org	anization for Unit	ed States Tax Withhol	ding and Repor	ting.			
×	Form W-8IMY: Certificate of Forei Reporting. http://www.irs.gov/pub/i	gn Intermediary, For	eign Flow-Throug	h Entity, or Certa	nin U.S. Branches for U	Inited States Ta	ax Withholding and			
Th wit	is may exempt you from backup w hholding taxes. To claim this exer	rithholding. Form W nption, you must fil	-8 does not exe e IRS Form 823	mpt you from th 3 with us. For m	e 30% (or lower perce ore information, refer	entage by trea r to IRS Public	ty) non-resident ation 519.			
SIGNA	TURE - AND SUBSTITUTE IRS FO	RM W-9 CERTIFICA	TION							
Under	penalties of perjury, I certify that:									
1. The	number shown on this form is my	correct taxpayer ic	lentification nun	nber (or I am wa	iting for a number to	be issued to n	ne), and			
Reven	not subject to backup withholding ue Service (IRS) that I am subject d me that I am no longer subject to	to backup withhold	ing as a result o	ckup withholdin f a failure to rep	g, or (b) I have not be ort all interest or divi	een notified by idends, or (c) t	the Internal he IRS has			
3. I am	a U.S. citizen or other U.S. persor	n (defined below), a	nd							
4. The	FATCA code(s) entered on this fo	rm (if any) indicatin	g that I am exen	npt from FATCA	reporting is correct.					
For mo	cation instructions: You must crosolding because you have failed to portgage interest paid, acquisition on the (IRA), and generally, payments orrect TIN.	report all interest ar or abandonment of	nd dividends on secured propert	your tax return. y, cancellation o	For real estate transactions	actions, item 2 to an individu	does not apply.			
	De	on Cla	ich			7/2	6/2017			
		re of Vendor Represe	entative or Individ	ual Payee		Date	,			
	DON C	COUCH								
	Title of in	ndividual signing forn	n for company							
	OWN	ΞR								
	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:

- 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 <u>MUST</u> 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

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@d	odot.org		
Agency Request To – Please select all applicable request types										
■ Add New Vendor □ Update Existing Vendor			ing Vendor	PeopleSoft 10-digit Vendor ID						
☐ Add New Address		☐ Change Address/Location Peop		eopleSoft Address #		PeopleSoft Location #				
☐ Change Vendor Tax ID		☐ Change Vendor Name ☐		☐ Add Alternate Payee Name		Name	PeopleSoft Location #			
☐ Other	Explain									
Vendor 1099 Reportable Status Attention Paying Agency: Please check the <i>Add</i> 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 <i>Remove</i> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:										
□ Add.	☐ 1 - Rents				☐ 2 - Royalties			☐ 3 - Prizes & Awards		
□ Add: □ Remove:	☐ 6 - Medic	al & He	alth Care		■ 7 - Non-Employee Compensation			☐ 10 - Crop Insurance Proceeds		
	☐ 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 gaency.

D	, , ,,							53		to requesting state agency.
match U.S.	Internal Revenu	e provide the reque Service filing r	uested in ecords fo	or the	ation for the paye business, individ	ee recei dual or	iving f gover	runds fi nment	om the Oil entity rece	klahoma state agency. All information should eiving payment.
Name	MARY HIERONYMUS COUCH								act Name	MARY HIERONYMUS COUCH
Payee Legal Name for Business, Individual or Government Entity as filed with IRS								Conta	act Title	OWNER
DBA Name	MARY H. &	DON C. COL	JCH					Phone #		(580) 596-1825
Doing Busi	iness As "DBA", d	or Disregarded E	ntity Nan	ne if c	different than Leg	gal Nan	ne	Fax #		
Tax Identif	fication Number	(TIN) and Type	: 44	4-	44-71	3/		□ Fe	ederal Emp	oloyer ID (FEIN) ■Social Security Number (SSN)
Owner Add Business	lress or Address Pleas	se provide prima					U.S. Ir	nternal	Revenue	Service
Address	56 LAKE\	/IEW CIRC	LE						City	LAWTON
State	OKLAHO	MA	Zip+4	73	507		Rem	mittance Email		
Optional A	Addresses – Plea	ase select addre	ss type a	s app	olicable					
Type:	□ Remitting	☐ Ordering	□ Prici	ng	☐ Returning	□ Ма	ailing	g		
Address 1			710					6	City	
State			Zip+4 Remittar					nittance Email		
Financial I Funds Trai	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

				e this information may prevent y ng amounts from future paymer		e to do business					
U	S. Taxpayer Identification	Number (TIN)									
F	ederal Employer Identification	on Number (FEIN)		If none, but applied for, date applied							
U	S. Social Security Number	(SSN)	444-44-713	If none, but applied for	r, date applied						
E	ntity Filing Classification:										
	Domestic (U.S.) Sole Prop	rietor Domes	stic (U.S.) Partnership	☐ Domestic (U.S.) Corporation	n Type:						
	Limited Liability Company	Туре: _		Disregarded Entity:	□ YES	□ NO					
	Domestic (U.S.) Other	Explain: _			The state of the s	3					
	Foreign (Non-U.S.) Sole P	roprietor* Foreig	n (Non-U.S.) Partnership*	☐ Foreign (Non-U.S.) Corporat	ion* Type:						
	Foreign (Non-U.S.) Other*	Explain: _									
F	OREIGN VENDOR INSTRU	ICTIONS:	* ADDITIONAL DOCUME	NTATION IS REQUIRED.							
P	lease submit the proper U.S individual description. Plea	s. Internal Revenue S se refer to IRS for ac	Service (IRS) Form W-8, Cedditional instructions (http://citez.ncbi.nlm.nih.gov/	ertificate of Foreign Status. Select /www.irs.gov/pub/irs-pdf/iw8.pdf).	form below matchin	g the payee's entity					
-	Form W-8BEN: Certifica http://www.irs.gov/pub/ir		of Beneficial Owner for Ur	ited States Tax Withholding and F	Reporting (Individual	(s).					
17.	Form W-BEN-E: Certifice http://www.irs.gov/pub/ir		eficial Owner for United Sta	ates Tax Withholding and Reportin	ng (Entities).						
-	Form W-8ECI: Certificate States. http://www.irs.go			ectively Connected With the Cond	luct of a Trade or Bเ	usiness in the United					
-	Form W-8EXP: Certifica http://www.irs.gov/pub/ir		nment or Other Foreign Org	ganization for United States Tax W	Vithholding and Rep	orting.					
2	Form W-8IMY: Certificate Reporting. http://www.irs			gh Entity, or Certain U.S. Branche	s for United States	Tax Withholding and					
T	his may exempt you from	backup withholding	g. Form W-8 does not exe	empt you from the 30% (or lower 3 with us. For more information	r percentage by tre	aty) non-resident					
		10 0.3			,						
	ATURE - AND SUBSTITUT	211494 - 1011 - 10	ERTIFICATION								
	r penalties of perjury, I ce	0.000 BK av		T. I. T							
			51 D	mber (or I am waiting for a numl							
Reve	nue Service (IRS) that I an ed me that I am no longer	n subject to backup	withholding as a result	ackup withholding, or (b) I have of a failure to report all interest o	or dividends, or (c)	the IRS has					
3. I a	m a U.S. citizen or other U	.S. person (defined	below), and								
4. Th	e FATCA code(s) entered	on this form (if any) indicating that I am exe	mpt from FATCA reporting is co	orrect.						
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.											
		Trang de	Lilvonymu or Representative or Individ	s Cauch	7/26	/2017					
			or Representative or Individ IYMUS COUCH	uuai rayee	Date						
		Title of individual s	igning form for company								
		OWNER									
	Vendor/Payee (Must be the same as Payee Name from page 1)										