RIGHT OF WAY PROFESSIONALS, INC.

PROJECT MANAGEMENT, ACQUISITION, RELOCATION & PROPERTY MANAGEMENT

April 14, 2021

VIA EMAIL

Scott Dunnum
City of La Crosse
400 La Crosse Street, 4th Floor
La Crosse, WI 54601

Re:

Project ID: 7575-07-23, STH 16, La Crosse Street

City of La Crosse, La Crosse County

Parcel 19

Dear Mr. Dunnum:

Enclosed is a signed copy of the conveyance, Nominal Payment Parcel-Waiver of Appraisal form, Statement to Construction Engineer form and W9 form for Parcel 19 on the La Crosse Street project ID: 7575-07-23.

The amount of the offer was based on the approved Nominal Payment Parcel Report on 1-11-21. If you are in agreement, please return a check payable to the following individuals for the following amount:

Parcel	Check Payable To	Amount of Payment
19	David A. Kelber & Teresa M. Kelber 2323 La Crosse Street La Crosse, WI 54601	\$300.00

Please return the check, waiver of appraisal form & statement to construction engineer form to me: Right of Way Professionals, Inc.

1030 Oak Ridge Drive, Suite E

Eau Claire, WI 54701

I will distribute the check to the owner, following receipt of the check, Nominal Payment Parcel Waiver of Appraisal form and Statement to Construction Engineer form.

If you have questions, please call me at (715) 830-0544, ext. 200. Thank you!

Sincerely,

Right of Way Professionals, Inc.

Laura J. Humphrey, SR/WA

Attachments

1030 Oak Ridge Drive, Suite E, Eau Claire, WI 54701 Phone: 715-830-0544 Toll Free: 888-830-0546

TEMPORARY LIMITED EASEMENT

Exempt from fee: s. 77.25(2r) Wis. Stats. Exempt from filing transfer form [s. 77.21(1), 77.22(1) Wis. Stats.] RE1577 03/2019

THIS EASEMENT, made by David A. Kelber and Teresa M. Kelber, husband and wife, as survivorship marital property, GRANTOR, conveys a temporary limited easement as described below to the City of La Crosse, GRANTEE, for the sum of Three Hundred and 00/100 Dollars (\$300.00) for the purpose of sloping and grading.

Any person named in this conveyance may make an appeal from the amount of compensation within six months after the date of recording of this conveyance as set forth in s. 32.05(2a) Wisconsin Statutes. For the purpose of any such appeal, the amount of compensation stated on the conveyance shall be treated as the award, and the date the conveyance is recorded shall be treated as the date of taking and the date of evaluation.

Other persons having an interest of record in the property:

LEGAL DESCRIPTION IS ATTACHED AND MADE A PART OF THIS DOCUMENT BY REFERENCE.

This space is reserved for recording data

Return to

City of La Crosse

c/o Right of Way Professionals, Inc.

Attn: Laura J. Humphrey

1030 Oak Ridge Drive, Suite E

Eau Claire, WI 54701

Parcel Identification Number/Tax Key Number 17-20041-140

Signature

David A. Kelber

Print Name

Teresa M. Kelber

Print Name

Date

State of Wisconsin

SS. County)

On the above date, this instrument was acknowledged before me by the named person(s).

Physically in my presence. OR The signer was: In my presence involving the use of communication technology.

Jamson Print or Type Name, Notary Public, State of Wisconsin

Date Commission Expires

Project ID 7575-07-23 This instrument was drafted by Laura J. Humphrey, SR/WA for Right of Way Professionals, Inc. Parcel No.

19

LEGAL DESCRIPTION

Parcel 19 of Transportation Project Plat 7575-07-23-4.04, filed electronically as Document Number 1755920, Volume TPP CAB, Page 115B, recorded in La Crosse County, Wisconsin.

Property interests and rights of said Parcel 19 consist of:

Temporary limited easement.

NOMINAL PAYMENT PARCEL - WAIVER OF APPRAISAL RECOMMENDATION AND APPROVAL

RE1897 10/2018 Ch. 32 Wis. Stats.

Owner name(s) David A. Kelber and Teresa M. Kelber	Area and interest required 163.00 sq. ft. of Temporary Limited Easement (TLE)

Allocation

Allocation	Description	Size	Unit	Per Unit	Value (\$)
Temporary Limited Easement (TLE)	163 sf x \$4/sf x .00355 x 28 months = \$65	163.00	Sq Ft	\$0.40	\$65.00
Site Improvements	Landscaping bed and rocks \$200				\$200.00
Appraiser Rounding	\$35				\$35.00

Total Allocation Rounded To

\$300.00 \$300.00

The undersigned owner(s), having been fully informed of the right to have the property appraised, and to receive just compensation based upon an appraisal, have decided to waive the right to an appraisal and agree to accept settlement in the above-stated amount as full payment for the parcel stated, subject to approval by City of La Crosse.

The undersigned owner(s) further state that the decision to waive the right of an appraisal was made without undue influences or coercive action of any nature.

It is intended that the instrument of conveyance will be executed upon presentation by City of La Crosse agents or representatives.

Owner Signature

David A. Kelber

Teresa M. Kelber

Approved for City of La Crosse

For Office Use Only

City of La Crosse Signature

Date



STATEMENT TO CONSTRUCTION ENGINEER RE1528 10/2018 s. 84.09 Wis, Stats. Owner Name(s) Property Address David A. Kelber and Teresa M. Kelber

Copies to: project engineer and owner Area code - phone 2323 La Crosse Street Home: La Crosse, WI 54601 Cell: 608-397-3799 Mailing Address Work: 2323 La Crosse Street La Crosse, WI 54601 Property Address Area code - phone Home: Cell: Mailing Address Work:

All commitments agreed upon between negotiator and property owner are listed below.

All commitments are subject to approval of City of La Crosse.

Basic concepts of construction project have been explained to owner.

No other commitments, either verbal or implied, are valid.

Commitments made (fences, driveways, trees, drainage or other items):

7575-07-23

The owners were compensated for a portion of their landscaping bed as pedestrian curb will go in along the back of the sidewalk. Some grading to install the pedestrian curb will be needed.

Other matters of interest and owner concerns:

None.

Tenant, if any

Property Owner Signature (David A. Kelber) Property Owner Signature (David A. Kelber) Property Owner Signature (Teresa M. Kelber) Date	Negotiator Signature Laura J. Humphrey Print Negotiator Name	Humphrey	4-14-21 Date
Commitments Approved: Craig Fisher Digitally signed by Craig Fisher Date: 2021.04.14 09:29:12 -05'00'			
Approving Authority Signature Craig A. Fisher, P.E., Project Manager WisDOT Print Approving Authority Name and Title		Date	
Approving Authority Signature Scott Dunnum, Project Manager, City of La Crosse		Date	
Project ID Cou	intv	Davasi No	

County

La Crosse

Parcel No.

19

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.			
	David A. Kelber				
	2 Business name/disregarded entity name, if different from above				
				parameter 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
page 3	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
e. ns on p	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC			Exempt payee code (if any)	
ğ çğ	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=Partners	hip) ►		
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		wner of the LLC is e-member LLC that	Exemption from FATCA reporting code (if any)	
eci	Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)	
Sp	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)	
See	2323 La Crosse Street		NisDOT, Parce	l 19. \$300	
0)	6 City, state, and ZIP code			5-07-23, STH 16	
	La Crosse, WI 54601			et, La Crosse County	
	7 List account number(s) here (optional)				
		Ţ	ax Key Numbe	er: 17-20041-140	
Par	Taxpayer Identification Number (TIN)		39	0 70 340	
Enter	your TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avo	/IG	curity number	
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			5 - 78 - 7		
entitie	resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				
TIN, la	ater.		or		
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identification number		identification number			
Numb	ner To Give the Requester for guidelines on whose number to enter.			_	
Par					
	r penalties of perjury, I certify that:	1 /		arrad ta man't man	
2. I ar Ser	e number shown on this form is my correct taxpayer identification nur n not subject to backup withholding because: (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and	ackup withholding, or (b)	I have not been n	notified by the Internal Revenue	
	n a U.S. citizen or other U.S. person (defined below); and				
	FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reporting	g is correct.		
Certif	ication instructions. You must cross out item 2 above if you have been	notified by the IRS that you	are currently sub	ject to backup withholding because	
you ha	ave failed to report all interest and dividends on your tax return. For real e sition or abandonment of secured property, cancellation of debt, contribu- than interest and dividends, you are not required to sign the certification,	estate transactions, item 2 utions to an individual retire	does not apply. Fo ement arrangemen	or mortgage interest paid, t (IRA), and generally, payments	
Sign Here			Pate > 4, 8)-21	
Ge	neral Instructions	• Form 1099-DIV (div funds)	idends, including	those from stocks or mutual	
Section	Section references are to the Internal Revenue Code unless otherwise • Form 1099-MISC (various types of income, prizes, awards,		ncome, prizes, awards, or gross		
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)			
after they were published, go to www.irs.gov/FormW9.		•	Form 1099-S (proceeds from real estate transactions)		
Pur	pose of Form	• Form 1099-K (merc	hant card and thi	ird party network transactions)	
An ine	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	 Form 1098 (home r 1098-T (tuition) 	nortgage interest)), 1098-E (student loan interest),	
identi	fication number (TIN) which may be your social security number	• Form 1099-C (cand	eled debt)		
	, individual taxpayer identification number (ITIN), adoption	Form 1099-A (acquisition or abandonment of secured property)			
tovno	yer identification number (ATIN), or employer identification number			person (including a resident	

amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,