

RESOLUTION NO. R-15-71

A RESOLUTION ACCEPTING A PERMANENT EASEMENT FROM A CERTAIN PROPERTY OWNER IN CONJUNCTION WITH THE NORTHEAST 58th STREET AT NORTH TRACY AVENUE STORMWATER PROJECT.

WHEREAS, an easement from a certain property owner is necessary for the City to construct public improvements in conjunction with the Northeast 58th Street at North Tracy Avenue Stormwater Project (CP1650).

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF GLADSTONE, MISSOURI AS FOLLOWS:

THAT, the Permanent Easement a property owner attached hereto as Exhibit "A" is hereby accepted.

Permanent Easement

"A" – Del R. and Sheryl A. Peterson

5810 N. Tracy Avenue

FURTHER THAT, the City Manager of the City of Gladstone is hereby authorized to execute and undertake and perform on behalf of the City of Gladstone, Missouri, the obligations and undertakings set forth in said conveyances; and

FURTHER THAT, the City Clerk is hereby directed to record said document in the Office of the Recorder of Deeds, Clay County, Missouri.

INTRODUCED, READ, PASSED, SIGNED, AND MADE EFFECTIVE BY THE COUNCIL OF THE CITY OF GLADSTONE, MISSOURI, THIS 26th DAY OF OCTOBER 2015.



Mayor Bill Garnos

ATTEST:



Ruth E. Bocchino, City Clerk



***Department of Public Works
Memorandum***

DATE: October 21, 2015
TO: Kirk L. Davis, City Manager
FROM: Timothy A. Nebergall, Director of Public Works *TANAKS*
RE: NE 58th Street at N. Tracy Avenue Stormwater
Project # CP1650

We request that the following easement be submitted to the City Council for acceptance. The easement is necessary to perform a small neighborhood stormwater project, which will coincide with the street resurfacing work this fall.

Permanent Easement

“A” – Del R. & Sheryl A. Peterson 5810 N. Tracy Avenue

Please be aware that the above is the only easement required to complete this project. If you have any questions, please contact me.



Recording Date/Time: 11/18/2015 at 02:02:15 PM

Instr #: 2015038686

Book: 7610 Page: 112

Type: EASE

Pages: 5

Fee: \$36.00 S 20150030037



Katee Porter
Recorder of Deeds

(Space above reserved for Recorder of Deeds certification)

1. **Title:** Standard Drainage Easement

2. **Date:** 10/26/15

3. **Grantors:** Peterson Del R. & Sheryl A.

4. **Grantee (s):** City of Gladstone, Missouri

5. **Mailing Address:** 7010 N. Holmes; Gladstone, MO 64118

6. **Legal Description:**

That portion of Lot 30, Oakwood Manor Plat a subdivision in the CITY OF GLADSTONE, as recorded at page No. Doc. A-62231 in the Office of the Recorder of CLAY COUNTY, MISSOURI, being more particularly described as follows:

The true Point of Beginning being the southeast corner of said Lot 30, thence N 89° 51' 00" W along the southerly line of said Lot 30 a distance of 165.61 feet; thence N 23° 28' 28" E a distance of 20.00 feet along the westerly line of said Lot 30; thence S 83° 12' 26" E a distance of 158.75 feet to the true Point of Beginning. Said easement contains 1520.69 square feet more or less and is subject to all easements and covenants of record.

7. **Reference Book & Page:** N/A

STANDARD DRAINAGE EASEMENT

KNOW ALL MEN BY THESE PRESENTS:

THAT, Peterson Del R. & Sheryl A.
(NAME OR NAMES)
5810 North Tracy Avenue
(ADDRESS)

of Gladstone, Clay County, MO hereinafter called the **GRANTOR**, for and in consideration of One Dollar (\$1.00) and the advantages to be gained from the existence of the facilities and appurtenances through the lands hereafter described, the receipt of which is hereby acknowledged, does hereby grant, sell and convey unto the CITY OF GLADSTONE, a municipal corporation of the State of Missouri, hereafter called **GRANTEE**, an easement or right of way for the location, construction, reconstruction, maintenance, removal, operation and repair of any open drainageway, storm drainage structure, and any and all appurtenances incidental thereto over, under and through the following described tract of land lying, being and situated in the City of Gladstone, Clay County, Missouri, to-wit:

That portion of Lot 30, Oakwood Manor Plat a subdivision in the CITY OF GLADSTONE, as recorded at page No. Doc. A-62231 in the Office of the Recorder of CLAY COUNTY, MISSOURI, being more particularly described as follows:

The true Point of Beginning being the southeast corner of said Lot 30, thence N 89° 51' 00" W along the southerly line of said Lot 30 a distance of 165.61 feet; thence N 23° 28' 28" E a distance of 20.00 feet along the westerly line of said Lot 30; thence S 83° 12' 26" E a distance of 158.75 feet to the true Point of Beginning. Said easement contains 1,520.69 square feet more or less and is subject to all easements and covenants of record.

TO HAVE AND TO HOLD to same for the aforesaid use with all rights, privileges, appurtenances, and immunities thereto belonging unto the **GRANTEE**, its successors and assigns for so long as said use shall continue, the **GRANTOR** hereby covenanting for their heirs and successors and assigns unto the **GRANTEE**, its successors and assigns the following:

1. Said easement will be kept free from buildings and any other structures or obstructions (except sidewalks, roadways, pavement, or curbs) which will interfere with the **GRANTEE** in excavating upon said land for the purpose of laying, constructing, reconstructing, operating, repairing, and maintaining said facilities and appurtenances; and no excavation or fill shall be made and no other operations of any kind or nature shall be performed or authorized by the **GRANTOR** to be performed which will reduce or increase the earth coverage in such manner and to such extent so as to interfere with, or jeopardize or threaten the normal and proper operation and maintenance of said facilities and appurtenances, said facilities at all times to be laid and constructed at a proper depth below any pavement or street surfacing laid out or established at any time along, upon, or over said easement or any portion thereof, and the **GRANTEE** will repair any damage to fences, pavement, curb or sod in any way arising in connection with the laying, constructing, and repairing of said facilities and appurtenances. By granting this easement, same shall not be considered or construed as prohibiting the **GRANTOR** in the developing of any adjoining property from the laying out, establishing and the constructing of pavement surfacing of roadways, curbing and gutters along, upon, over or across said easement or any portion thereof.

3. That they are lawfully seized and possessed of the real estate above described, that they have a good and lawful right to convey the same; that it is free from all encumbrances done or suffered by them which would interfere with the rights granted hereunder; and that they forever warrant and defend the title thereto against the lawful claims of all affecting the right and easement granted hereunder.

CITY OF GLADSTONE, MO

BY

KIRK DAVIS City Manager

GRANTOR:

DEL R. PETERSON

GRANTOR:

ATTEST:

RUTH BOCCHINO City Clerk

SHERYL ANN PETERSON (deceased)

STATE OF MISSOURI

} } ss.

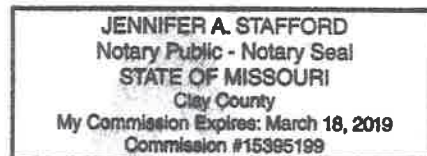
COUNTY OF Clay

On this 24th day of September, 2015, before me, the undersigned Notary Public, personally appeared Del R. Peterson, to me known to be the persons described herein and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed. And the said further declare themselves to be married.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal at my office in Clay County, Missouri, the day and year last above written.

Notary Public within said County/St.

My commission expires March 18, 2019



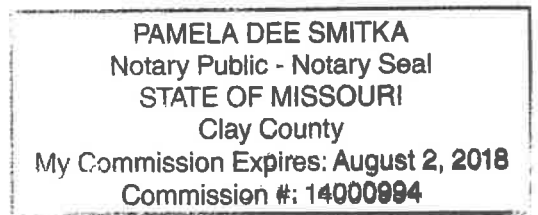
GRANTEE'S ACKNOWLEDGMENT

On this 29 day of October, 2015, before me, this undersigned Notary Public, personally appeared Kirk L. Davis, to me personally known, who being by me duly sworn, did say that (s)he is the City Manager of the City of Gladstone, Missouri, a municipal corporation, and that the seal affixed to the foregoing instrument is the corporate seal of the said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of it City Council, and said City Manager acknowledged said instrument to be the free act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal at my office in Clay County, Missouri, the day and year last above written.

Pamela Dee Smitka
Notary Public Within Said County/St.

My commission expires: 8/2/18.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 -

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Sheryl Ann Peterson				2. SEX Female		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE Tierney		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) 10-06-2010					
5. SOCIAL SECURITY NUMBER 488-62-7230		6a. AGE - Last Birthday (Years) 56		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year) June 3, 1954		8. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			
9a. RESIDENCE (COUNTRY) United States				(STATE, TERRITORY or PROVINCE) Missouri				9b. COUNTY Clay		9c. CITY, TOWN, OR LOCATION Gladstone			
9d. STREET AND NUMBER 5810 N. Tracy				9e. APARTMENT NO.		9f. ZIP CODE 64118		9g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.) Del R. Peterson							
13. FATHER'S NAME (First, Middle, Last, Suffix) James Edward Tierney, Sr.				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) Alda Joan Kentner									
15a. INFORMANT'S NAME (First, Middle, Last, Suffix) Del R. Peterson				15b. RELATIONSHIP TO DECEDENT Husband		15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 5810 N. Tracy Gladstone, Missouri 64118							
16. PLACE OF DEATH (Check only one: see instructions.)													
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
17. FACILITY NAME (If not Institution, give street and number) Kansas City Hospice House				18. CITY OR TOWN, STATE AND ZIP CODE Kansas City, Missouri 64145				19. COUNTY OF DEATH Jackson					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				20b. DATE OF DISPOSITION (Month, Day, Year) 10/09/2010		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Mt. Moriah Terrace Park				22. LOCATION (City or Town, State) Kansas City, Missouri			
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Meyers Funeral Chapel Northland 401 Main, Parkville, Missouri 64152				24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH <i>Mary M. Peterson</i>				25. FUNERAL ESTABLISHMENT LICENSE NUMBER 2008000328					
26. ACTUAL OR PRESUMED TIME OF DEATH 1:35 A. M.				27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>METASTATIC LUNG CANCER</u> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____												Approximate Interval : Onset to Death	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.													
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown				32. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					
34. DATE OF INJURY (Month, Day, Year) (Spell Month)				35. TIME OF INJURY M		36. PLACE OF INJURY (e.g., decedent's home; construction site; restaurant; wooded area)				37. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38a. LOCATION OF INJURY - STATE		38b. COUNTY		38c. CITY OR TOWN		38d. STREET AND NUMBER		38e. ZIP CODE					
39. DESCRIBE HOW INJURY OCCURRED						40. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. CERTIFIER (CHECK ONLY ONE) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.													
SIGNATURE <i>Jay Friedman</i>						42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING THIS CERTIFICATE Jay Friedman, MD, Kansas City Hospice 12900 Wornall Road, Kansas City, MO 64145							
43. TITLE OF CERTIFIER MD				44. CERTIFIER MO LICENSE NUMBER 2008021950				45. CERTIFIER NPI NUMBER 1174505366		46. DATE CERTIFIED (Month, Day, Year) 10/13/10			
47. REGISTRAR'S SIGNATURE <i>Clifford A. Dennis</i>				48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) October 29, 2010									
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input checked="" type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Guamanian or Chamorro (Name of the enrolled or principal tribe) <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Unknown					
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED") Administrative Assistant						53. KIND OF BUSINESS/INDUSTRY Federal Reserve Bank							

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI

} ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

October 20, 2010

Clifford A. Dennis
Registrar of Vital Statistics