

RESOLUTION NO. 4644

A RESOLUTION ACCEPTING THE FOLLOWING EASEMENT:

Grantor


Bruce and Shirley R. Thomas

Purpose

A permanent 10-foot-wide public utility easement described in attached EXHIBIT A and as shown in attached EXHIBIT B.


NOW, THEREFORE, BE IT RESOLVED by the Albany City Council that it does hereby accept this easement.

DATED THIS 13TH DAY OF FEBRUARY 2002.



Mayor

ATTEST:



City Recorder

EASEMENT FOR PUBLIC UTILITIES

THIS AGREEMENT, made and entered into this 9th day of Jan, 2002, by **Bruce and Shirley R. Thomas**, herein called Grantor, and the **CITY OF ALBANY**, a Municipal Corporation, herein called "City."

WITNESSETH:

That the Grantor has this day granted unto the City of Albany, easement and right-of-way, including the right to enter upon the real property hereinafter described, and to maintain and repair public utilities for the purpose of conveying public utilities services over, across, through, and under the lands hereinafter described, together with the right to excavate and refill ditches and/or trenches for the location of the said public utilities and the further right to remove trees, bushes, under-growth, and other obstructions interfering with the location and maintenance of the said public utilities.

This agreement is subject to the following terms and conditions:

1. The right-of-way hereby granted consists of:
 A 10.0-foot wide permanent public utility easement as shown on attached EXHIBIT B and described in attached EXHIBIT A.
2. In order that the work may be done in a timely and complete manner, we hereby agree to grant and allow a temporary right of entry for construction access to the City, its representatives and to the Contractor, for access to, upon and over our property for planning and construction of a sanitary sewer, service connection, and such appurtenances as are required to make the project complete. It is understood and agreed that this access agreement shall terminate on the date that such work has been satisfactorily completed and accepted by the City of Albany.
3. The permanent easement described herein grants to the City, and to its successors, assigns, authorized agents, or contractors, the perpetual right to enter upon said easement at any time that it may see fit, for construction, maintenance, evaluation and/or repair purposes.
4. The City agrees to replace the sanitary sewer service lateral one time only. The purpose of the replacement is to reduce infiltration to the public sanitary sewer system and protect the public health.
5. The Grantor does hereby covenant with the City that they are lawfully seized and possessed of the real property above described and that they have a good and lawful right to convey it or any part thereof and that they will forever warrant and defend the title thereto against the lawful claims of all persons whomsoever.
6. Upon performing any maintenance, the City shall return the site to original or better condition.
7. The Grantor and the City acknowledge that if a structure exists on the public utilities easement described herein either additional permanent structures or additions to the existing structure may not be constructed on the public utilities easement. If the existing structure is removed from the public utility easement, no permanent structure may be reconstructed in its place.

Return to: City of Albany - Recorder
P.O. Box 490, Albany, OR 97321

8. Should the City determine that maintenance, repair, or reconstruction of the utilities located under the structure requires the removal or alteration of said structure, the City may undertake such removal or alteration as may be needed. In such event, however, the City shall, upon completion of said maintenance, repair, or reconstruction, restore the structure at City expense to its original or better condition.

IN WITNESS WHEREOF, the Grantor has hereunto fixed his hand and seal the day and year above written.

GRANTOR:

Bruce Thomas

GRANTOR:

Shirley R. Thomas

STATE OF OREGON)
County of Linn) ss.
City of Albany)

The foregoing instrument was acknowledged before me this 12th day of Feb, 2002, by **Bruce Thomas** as his voluntary act and deed.

See attached Death Certificate

STATE OF OREGON)
County of Linn) ss.
City of Albany)

The foregoing instrument was acknowledged before me this 9th day of Jan, 2002, by **Shirley R. Thomas** as her voluntary act and deed.



Angelia M. Sousa
Notary Public for Oregon
My Commission Expires: 10/17/05

Notary Public for Oregon
My Commission Expires: _____

CITY OF ALBANY:

STATE OF OREGON)
County of Linn) ss.
City of Albany)

I, Steve Bryant as City Manager of the City of Albany, Oregon, pursuant to Resolution Number 4644, do hereby accept on behalf of the City of Albany, the above instrument pursuant to the terms thereof this 13 day of February 2002.

ATTEST:

Steve Bryant
City Manager
Ken Thompson
City Recorder

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

VIII 1266 PAGE 48
136- State File Number

275666
I.D. TAG NO.

699
Local File Number

11-5-98 100

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

RESERVED FOR REGISTRAR'S USE

10

11

CERTIFIER

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14

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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CAUSE OF DEATH

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN COPY

1. DECEDENT'S NAME Bruce Clayton THOMAS			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 1, 1998	
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Years) 63	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 630 15th Ave SE			9c. CITY, TOWN, OR LOCATION OF DEATH Albany		9d. COUNTY OF DEATH Linn
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner		10b. KIND OF BUSINESS/INDUSTRY Tire		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Shirley Thomas
13a. RESIDENCE - STATE Oregon		13b. COUNTY Linn		13c. CITY, TOWN OR LOCATION Albany	
13d. STREET AND NUMBER 630 15th Ave SE		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
13e. RESIDENCE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97321		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (11-4 or 5+)	
17. FATHER - NAME first middle last Vernon Thomas			18. MOTHER - NAME first middle maiden Verna Hamilton		19. INFORMANT - NAME and relationship to deceased Shirley Thomas, spouse
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Linn Crematory		20c. LOCATION - City or Town, State Lebanon, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert A. Webster</i>		21b. OREGON LICENSE NO. (Of Licensee) 3419		22. NAME, ADDRESS AND ZIP OF FACILITY. Fisher Funeral Home, Inc., PO Box 156, 306 SW Washington, Albany, OR 97321	
23. DATE FILED (Month, Day, Year) November 5, 1998			24. REGISTRAR'S SIGNATURE <i>Rita L. Crawford</i>		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH Found 7:00 A.M.		31a. TIME OF DEATH M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>J. Bruce Williams</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>J. Bruce Williams</i>	
30. DATE SIGNED (Month, Day, Year) 11/5/98		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) J. Bruce Williams, MD, 3615 NW Samaritan Drive, Corvallis, Oregon 97330			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)		Interval between onset and death	
PART I (a) Suspected Cardiac Arrhythmia		unk to	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Reactive severe Hypoxic		low	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Reactive Artery Disease		unk	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Treated Hypertension		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		RESERVED FOR REGISTRAR'S USE	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LINN COUNTY REGISTRAR.

DATE ISSUED November 5, 1998

B. Bonlander MD
BENJAMIN BONNLANDER, M.D.
COUNTY REGISTRAR
LINN COUNTY, OREGON

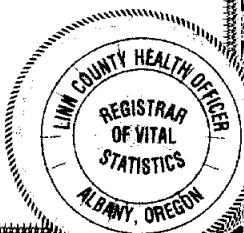


EXHIBIT B

THOMAS
PUBLIC UTILITY
EASEMENT



LOT 1, BLOCK 7 OF THE EPAULINE ADDITION
SECTION T 11 S, R 3 W, WILLAMETTE MERIDIAN, LINN COUNTY, OREGON

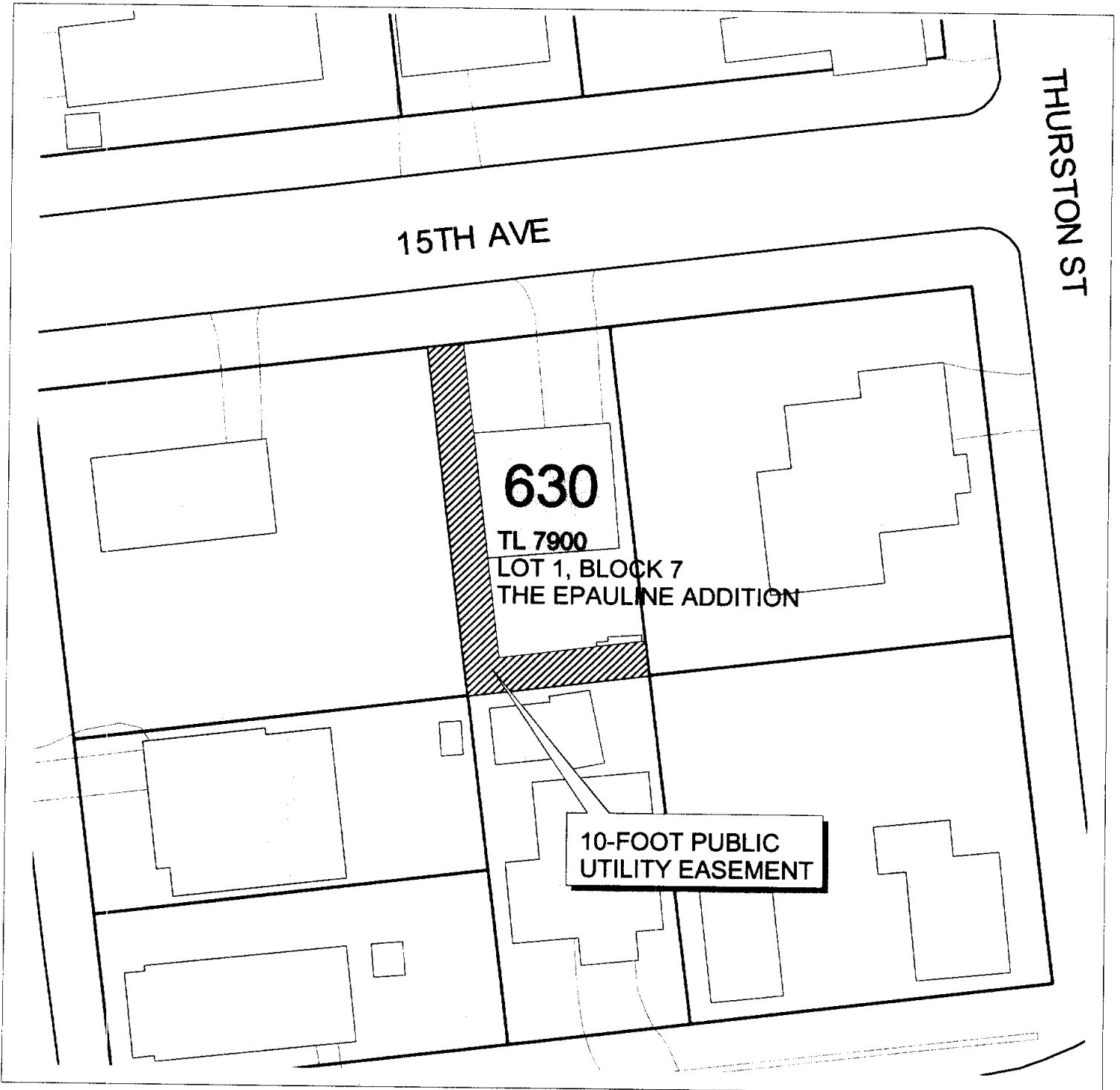


EXHIBIT A

PERMANENT UTILITY EASEMENT

A permanent public utility easement across that property conveyed to Bruce and Shirley R. Thomas, described in Volume 495, Page 286, Linn County Microfilm Deed Records, said easement being more particularly described as follows and as shown on the attached map labeled "EXHIBIT B".

Western and Southern 10 feet of Lot 1, Block 7, The Epauline Addition to the City of Albany, Section 07, T. 11S, R3W., Willamette Meridian, Linn County Oregon recorded November 1st, 1911.

STATE OF OREGON
County of Linn

I hereby certify that the attached
was received and duly recorded
by me in Linn County records.

STEVE DRUCKENMILLER
Linn County Clerk

By DA, Deputy

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A
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Recorded Document Recorder File No. 4080