

## Exhibit "A" - Legal Description

The most easterly 440.00 feet of the Northeast Quarter of the Northeast Quarter, Section 12, Township 46 North, Range 29 West, Crow Wing County, Minnesota, lying westerly of the east line of said Northeast Quarter of the Northeast Quarter and lying southerly of the following described line:

Commencing at the southeast corner of said Northeast Quarter of the Northeast Quarter, thence on an assumed bearing of North 00 degrees 29 minutes 18 seconds West, along the east line of said Northeast Quarter of the Northeast Quarter, a distance of 100.08 feet to the south line of Document Number 878315, on file and of record in the office of the County Recorder, Crow Wing County, Minnesota and the point of beginning of the line to be described; thence South 87 degrees 17 minutes 05 seconds West along said south line, a distance of 440.00 feet and said line there terminating.

Send Correspondence to Crow Wing County Highway Department 16589 County Road 142 Brainerd, MN 56401

## PURCHASE ORDER - CLAIM FORM CROW WING COUNTY MINNESOTA

Purchase Order	
Date	
Department	
Vendor No.	

To: IDS #182
Address: 711 Polar Street

City: Crosby, MN 56441

DESCRIPTION EXPEND EQUIP ROAD PROJECT NO. CODE

QTY.	DESCRIPTION	EXPEND CODE	EQUIP	ROAD	PROJECT NO.	COST
	Parcel No. 9					-
	Permanent Easement	28-0100		31	SAP 018-631-006	\$3,600.00
	Cost to Cure – Gate	28-0300		31	SAP 018-631-006	\$30,000.00
IORIZED BY:	County Board	APPROVED BY:	County E	ngineer		TOTAL <u>\$33,600.0</u>
er for Vendor to	be paid, VENDOR MUST SIGN AND RET	JRN WHITE COPY WI	TH INVOICE	E. I declare	under the penalties of perjury	that I am
		the				

making the within claim; that I have examined said claim and that the same is just and true, that the money therein charged was actually paid for the purposes therein stated; that the property therein charged was actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

Signature of Claimant

(person or firm)

The effect of this verification shall be the same as if subscribed and sworn to under oath, M.S.A. 471.38, as amended by Laws 1949, Chapter 416.

(insert title of office and name of firm if claim is by a firm or corporation)

				FOR COUNTY AUDITOR'S OF	FICE USE ONL	Υ	
FUND	ACCOU	JNT NUMBER DEPT.	ACCT. NO.	DOLLAR AMOUNT	VENDOR NUMBER	INVOICE NUMBER	DESCRIPTION
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pproved as to	o form,			FILED	L	L	

Approved as to form, execution & legality	FILED
COUNTY ATTORNEY	CHAIRMAN, COUNTY BOARD