



CITY OF JONESBORO

Please be advised that I am in receipt of an appraisal located on 909 Owens and owned by J. T. Rogers, Jr.(deceased), Mollie Rogers, Teresa G. Nichols, Leila and Dennis Gremard in the amount of \$4,300.00.

I hereby recommend that an additional sum of \$662.00 be added to the appraised value for purchase of said property for the total price of \$4,962.00. My recommendation is based upon the Following criteria, established in Resolution #2006-62, to wit:

PARAGRAPH D

 A. ACTUAL REASONABLE EXPENSE IN MOVING

 B. DIRECT LOSSES OF TANGIBLE PERSONAL PROPERTY

 C. MOVING EXPENSES LIMITED, BUT NOT LIMITED TO TRANSPORTATION, PACKING, STORAGE, REPLACING SIGNS AND STATIONARY, INSURANCE ON ITEMS MOVED, RENTAL BROKERAGE PAYMENTS AND PAYMENT FOR LICENSE AND CERTIFICATION EXPENSES

 X D. REPLACEMENT HOUSING COSTS, INCLUDING BUT NOT LIMITED TO TITLE RESEARCHES(\$340.00), RECORDING FEES(\$22.00), & CLOSING COSTS(\$300.00): \$662.00

 E. UNUSUAL OR EXTRA ORDINARY EXPENSE ITEMS DETERMINED BY THE MAYOR TO BE UNIQUE TO THE PARTICULAR PROPERTY BEING ACQUIRED. _____

Total: \$4,962.00 (Appraised value & additional expenditures)

Sincerely,

Mayor

**REAL ESTATE CONTRACT FOR CITY OF JONESBORO
OFFER AND ACCEPTANCE**

1. **BUYERS:** The Buyers, **CITY OF JONESBORO, A MUNICIPAL CORPORATION** offer to buy, subject to the terms set forth herein, the following Property:

2. **PROPERTY DESCRIPTION:**

Lot 77, Block B, Sim's 2nd Addition; also known as 909 Owens Ave. (20' easement)

3. **PURCHASE PRICE:** The Buyers will pay as total purchase price for said property, The sum of **\$4,300.00**, plus allowable expenses not to exceed 10% of the appraised value.

4. **CONVEYANCE:** Conveyance shall be made to Buyers or as directed by Buyers, by General Warranty Deed, except it shall be subject to recorded restrictions and easements, if any, which do not materially affect the value of the property. Unless expressly reserved herein, such conveyance shall include mineral rights owned by Seller.

5. **ABSTRACT OR TITLE INSURANCE:** The owners of the above property, hereinafter called Seller, shall furnish a policy of title insurance in the amount of the purchase price. The cost of the policy of title insurance shall be paid at closing from the proceeds of the sale.

6. **PRO-RATIONS:** Taxes and special assessments due on or before closing shall be paid at closing from the proceeds of the sale; and allowable expenses.

7. **CLOSING:** The closing date which will be designated by Agent, is estimated to be on or about _____. However, any unforeseen delays such as arranging financing or clearing title specifically do not void this contract.

8. **POSSESSION:** Possession shall be delivered to Buyers:

60 days after closing date.

**THIS IS A LEGALLY BINDING CONTRACT WHEN SIGNED BY BOTH
BUYERS AND SELLER AND APPROVED BY THE CITY COUNCIL.**

City of Jonesboro

**BY: _____
DOUG FORMON, MAYOR**

THE ABOVE OFFER IS ACCEPTED ON

SELLER J. J. Rogers, Jr. (deceased)
Date

SELLER Melvin Rogers 6-30-07
Date

Jessica G. Nichol 6-30-07
Jeila Gremard 6-30-07
Dennis Gremard 6-30-07

**STATE OF ARKANSAS
COUNTY OF CRAIGHEAD**

LAND APPRAISAL SUMMARY REPORT

File No.: 4182007

My research did did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.

Data Source(s): **TAX ASSESSMENT RECORD OF OWNERSHIP**

1st Prior Subject Sale/Transfer
 Date: **N/A**
 Price:
 Source(s):

Analysis of sale/transfer history and/or any current agreement of sale/listing: **N/A**

2nd Prior Subject Sale/Transfer
 Date: **N/A**
 Price:
 Source(s):

FEATURE	SUBJECT PROPERTY	COMPARABLE NO. 1	COMPARABLE NO. 2	COMPARABLE NO. 3	
Address	909 OWENS JONESBORO, AR 72401-5720	1003 SIMS JONESBORO	2203 WOOD STREET JONESBORO	LOT 2, CROFT ESTATES JONESBORO	
Proximity to Subject		0.08 miles	0.26 miles	0.26 miles	
Sale Price	\$ N/A	\$ 13,500	\$ 14,000	\$ 14,000	
Price/ Sq.Ft.	\$	\$ 1.20	\$ 1.00	\$ 1.29	
Data Source(s)	OBSERVATION	DEED BK 740/607	MLS #10015852	MLS #10015853	
Verification Source(s)	COUNTY REC	PAR #01-143251-22401	PAR #01-143251-07000	PAR #01-143251-07100	
VALUE ADJUSTMENT	DESCRIPTION	DESCRIPTION	+(-) \$ Adjust	DESCRIPTION	+(-) \$ Adjust
Sales or Financing	N/A	NONE		CASH	
Concessions	N/A	KNOWN		NONE KNOWN	
Date of Sale/Time	N/A	1/18/2007		4/21/2005	
Rights Appraised	FEE SIMPLE	FEE SIMPLE		FEE SIMPLE	
Location	URBAN	URBAN		URBAN	
Site Area (in Sq.Ft.)	8,993	11,250	+1.20	13,939	+1.00
EASEMENT SIZE					
20 X 75	1500 SQ FEET				
Net Adjustment (Total, in \$)		<input checked="" type="checkbox"/> + <input type="checkbox"/> - \$ 13,500	<input checked="" type="checkbox"/> + <input type="checkbox"/> - \$ 13,939	<input checked="" type="checkbox"/> + <input type="checkbox"/> - \$ 14,048	
Net Adjustment (Total, in \$ / Sq.Ft.)		Net 100.0% (\$ 1.2/Sq.Ft.)	Net 99.6% (\$ 1/Sq.Ft.)	Net 100.1% (\$ 1.29/Sq.Ft.)	
Adjusted Sale Price (in \$ / Sq.Ft.)		Gross 100.0% \$ 2.4	Gross 99.6% \$ 2	Gross 100.3% \$ 2.58	

Summary of Sales Comparison Approach **SALES OF VACANT LOTS IN FULLY DEVELOPED AREAS LIKE THIS ARE RARE. HOWEVER, COMPARABLE SALE #1 IS MOST SIMILAR TO SUBJECT IN TERMS OF LOCATION, SITE TERRAIN AND VALUE INFLUENCING FACTORS. MOST WEIGHT WAS GIVEN TO THIS SALE. THEREFORE, THE SUBJECT LOT IS VALUED AT \$10,790 AND THE 20 FOOT REAR EASEMENT (20 X 75) AT \$1800. INCLUDING THE 168 SQUARE FOOT FRAME SHOP BUILDING AND 75 LINEAR FEET OF WOOD PRIVACY FENCING, THE TOTAL VALUE IS ESTIMATED AT \$4300.**

PROJECT INFORMATION FOR PUDs (if applicable) The Subject is part of a Planned Unit Development.

Legal Name of Project:
 Describe common elements and recreational facilities:

Indicated Value by: Sales Comparison Approach \$ **4,300**

Final Reconciliation **MOST WEIGHT GIVEN TO SALE #1 DUE TO LOCATION AND SIMILARITIES IN VALUE INFLUENCING FACTORS.**

This appraisal is made "as is", or subject to the following conditions:

This report is also subject to other Hypothetical Conditions and/or Extraordinary Assumptions as specified in the attached addenda.

Based upon an inspection of the subject property, defined Scope of Work, Statement of Assumptions and Limiting Conditions, and Appraiser's Certifications, my (our) Opinion of the Market Value (or other specified value type), as defined herein, of the real property that is the subject of this report is: \$ **4,300**, as of: **APRIL 26, 2007**, which is the effective date of this appraisal.

If indicated above, this Opinion of Value is subject to Hypothetical Conditions and/or Extraordinary Assumptions included in this report. See attached addenda.

A true and complete copy of this report contains **8** pages, including exhibits which are considered an integral part of the report. This appraisal report may not be properly understood without reference to the information contained in the complete report, which contains the following attached exhibits: Scope of Work

Limiting Cond./Certifications Narrative Addendum Location Map(s) Flood Addendum Additional Sales

Photo Addenda Parcel Map Hypothetical Conditions Extraordinary Assumptions

Client Contact: _____ Client Name: **CITY OF JONESBORO**

E-Mail: _____ Address: **515 W WASHINGTON, JONESBORO, AR 72401**

APPRaiser

Appraiser Name: **SUSAN DUDLEY**
 Company: **SUSAN DUDLEY APPRAISAL SERVICE**
 Phone: **870-931-4002** Fax: **870-931-9922**
 E-Mail: **susandudleyappraisal@suddenlink.net**
 Date of Report (Signature): **APRIL 30, 2007**
 License or Certification #: **CR0830** State: **AR**
 Designation:
 Expiration Date of License or Certification: **6/30/2007**
 Inspection of Subject: Did Inspect Did Not Inspect (Desktop)
 Date of Inspection: **APRIL 26, 2007**

SUPERVISORY APPRAISER (if required) or CO-APPRaiser (if applicable)

Supervisory or Co-Appraiser Name:
 Company:
 Phone: _____ Fax: _____
 E-Mail:
 Date of Report (Signature): _____
 License or Certification #: _____ State: _____
 Designation:
 Expiration Date of License or Certification:
 Inspection of Subject: Did Inspect Did Not Inspect
 Date of Inspection:



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Division of Vital Records CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution
SEE INSTRUCTIONS
ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

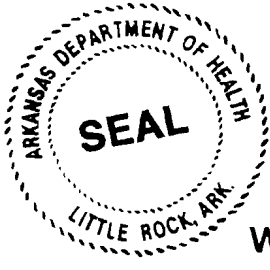
SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF DEATH

CERTIFIER

REGISTRAR

1 DECEDENT'S NAME (First, Middle, Last) John Travis Rogers, Jr.			2 SEX Male		3 DATE OF DEATH (Month, Day, Year) July 21, 2004	
4 SOCIAL SECURITY NUMBER 430-74-9045		5a. AGE - Last Birthday (Years) 64	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) July 13, 1940	
7 BIRTHPLACE (City and State or Foreign Country) AR			8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 909 Owens			9c. CITY, TOWN, OR LOCATION OF DEATH Jonesboro		9d. COUNTY OF DEATH Craighead	
10 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Mollie Hansen		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operations Manager		12b. KIND OF BUSINESS/INDUSTRY Solid Waste
13a. RESIDENCE — STATE Arkansas		13b. COUNTY Craighead	13c. CITY, TOWN OR LOCATION Jonesboro		13d. STREET AND NUMBER 909 Owens	
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 72401	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 Specify			15 RACE — American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+)			17. FATHER'S NAME (First, Middle, Last) Travis Rogers			
18 MOTHER'S NAME (First, Middle, Maiden Surname) Juanita Buzzard			19a. INFORMANT'S NAME (Type/Print) Mollie Rogers			
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 909 Owens Jonesboro, AR 72401			20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			
20b. DATE OF DISPOSITION (Month, Day, Year) July 23, 2004		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jonesboro Memorial Park		20d. LOCATION — City, Town, State Jonesboro, Arkansas		
21a. SIGNATURE OF EMBALMER <i>Kathy Haworth</i>		21b. LICENSE NUMBER 2017	22a. NAME AND ADDRESS OF FUNERAL HOME Emerson Funeral Home 1629 E. Nettleton Jonesboro, Arkansas 72401		22b. LICENSE NUMBER 229	
23. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →			a. Malignant Cancer of Prostate with metastasis to bone		5 yrs.	
Due to (or as a consequence of):			b. _____		_____	
Due to (or as a consequence of):			c. _____		_____	
Due to (or as a consequence of):			d. _____		_____	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				24 WAS AN AUTOPSY PERFORMED? (Yes or No) No		
				25 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation						
27. DATE OF INJURY (Month, Day, Year)		28. TIME OF INJURY		29. INJURY AT WORK? (Yes or No)		
30 DESCRIBE HOW INJURY OCCURRED						
31. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			32. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
33. TIME OF DEATH Apr. 8:45 A.		34. DATE PRONOUNCED DEAD (Month, Day, Year) July 21, 2004		35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) Yes/Coroner		
36. MEDICAL EXAMINER or CORONER Only 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 as stated. Signature and Title → <i>Ryan G. Brown</i> , Deputy County Coroner			37. DATE SIGNED (Month, Day, Year) July 24, 2004			
38. CERTIFYING PHYSICIAN/ REGISTERED NURSE (Hospice only) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title →			39. DATE SIGNED (Month, Day, Year)			
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Ryan G. Brown, Deputy County Coroner, 1629 E. Nettleton, Jonesboro, Arkansas 72401						
41. REGISTRAR'S SIGNATURE <i>Kinda Frazier, D.R.</i>				42. DATE FILED (Month, Day, Year) July 27, 2004		



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JUL 27 2004

Michael A. Adams
Michael A. Adams
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

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FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.