

**CITY OF SIDNEY, EXEMPTION AND CERTIFICATE OF SURVEY EXAMINATION
APPLICATION FORM:**

Name of Owner, if applicable: Nanette and Paul Ruffatto Phone: 406-480-0866

Address: 503 3rd Ave SW City: Sidney State: MT Zip: 59270

Name of Owner, if applicable: Victorino William Daleon Perez Phone: 406-478-2155

Address: 306 5th St NW City: Sidney State: MT Zip: 59270

Surveyor/Engineer: Lee Hurst for Donnie Duncan Phone: 406-482-6606

Address: 333 10th Ave SE City: Sidney State: MT Zip: 59270

Parcel Description: East 74 feet of North 50 feet measured along the East line of Block A of Kenoyer's 1st Addition to Sidney; and the North 50 feet measured along the East line, less and except the East 74 feet in Block A of Kenoyer's 1st Addition

Type of Exemption Used: Boundary Line Adjustment


Legal Description: East 74 feet of North 50 feet measured along the East line of Block A of Kenoyer's 1st Addition to Sidney; and the North 50 feet measured along the East line, less and except the East 74 feet in Block A of Kenoyer's 1st Addition

Parcel Total Size: 6,631 sq ft Number of Lots: 2 Required Fee: _____

Existing Zoning: R-3 Multiple Family Residential Proposed Zoning: R-3 Multiple Family Residential

Existing Use: Single Family Residential

Any additional comments: During a pin locate for the Ruffatto's it was discovered that the house of Mr. Perez was on or over the existing property line. The Ruffatto's have agreed to adjust their boundary 4 feet to give Mr. Perez a little room around his house.



Landowner Signature

VICTORINO WILLIAM D. PEREZ

Landowner-Printed Name



Landowner Signature

Paul Ruffatto

Landowner-Printed Name

Landowner Signature

Landowner-Printed Name



Surveyor Signature

LEE HURST

Surveyor-Printed Name

**CITY OF SIDNEY, EXEMPTION AND CERTIFICATE OF SURVEY EXAMINATION
APPLICATION FORM:**

For Office Use:

Submittal Date: _____

Were the required documents and examination fee submitted: _____

Examined by: _____

Return to:

Cresap & Armstrong, P.C.
104 Second Avenue SW
Sidney, Montana 59270

543253 BOOK: 150 DEEDS PAGE: 203 Pages: 1
STATE OF MONTANA RICHLAND COUNTY
RECORDED: 07/03/2007 4:57 KOI: QCD
PENNI D. LEWIS CLERK AND RECORDER
FEE: \$7.00 BY: *Jhonnie Vulkman*
TO: CRESAP & ARMSTRONG 104 2ND AVE SW, SIDNEY, MT 59270

QUIT CLAIM DEED

THIS INDENTURE, made the 3 day of July, 2007, between NANETTE RUFFATTO, of 503 Third Avenue SW, Sidney, Montana 59270, Grantor, and NANETTE RUFFATTO and PAUL RUFFATTO, 503 Third Avenue SW, Sidney, Montana 59270, as joint tenants with the right of survivorship, Grantee;

WITNESSETH, that Grantor for and in consideration of the sum of One and No/100 and other valuable consideration---Dollars (\$1.00 ovc) lawful money of the United States of America to the Grantor in hand paid by said Grantees, the receipt whereof is hereby acknowledged, does hereby convey, remise, release and forever quitclaim unto the said Grantees, AS JOINT TENANTS AND TO THE SURVIVOR OF SAID NAMED JOINT TENANTS, (and not as tenants in common) and to the heirs and assigns of such survivor forever, subject to the reservations and exceptions hereinafter made, all of her right, title and interest in the following described real estate, situated in the City of Sidney, Richland County, State of Montana, to-wit:

The East 74 feet of the North 50 feet measured along the East Line of Block A of Kenoyer's First Addition to Sidney, Montana, according to the official plat thereof on file in the office of the Clerk and Recorder of Richland County, Montana.

TOGETHER with all the tenements, hereditaments, and appurtenances improvements, fixtures, or structures thereto belonging, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof; and also all the estate, right, title, interest, real property, possession, claim and demand whatsoever as well in law as in equity, of the said Grantor, of, in or to the said premises and every part and parcel thereof.

TO HAVE AND TO HOLD, all and singular the said premises, with the appurtenances unto the said Grantees, as joint tenants with right of survivorship (and not as tenants in common) and to the heirs and assigns of the survivor of said named joint tenants forever.

IN WITNESS WHEREOF, the said Grantor has hereunto set her hand the day and year first hereinbefore written.

Nanette Ruffatto
NANETTE RUFFATTO

STATE OF MONTANA)
 : ss.
COUNTY OF RICHLAND)

On this 3rd day of July, 2007, before me, the undersigned, a Notary Public for the State of Montana, personally appeared NANETTE RUFFATTO, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year first above written.



Lee E. Armstrong
Lee E. Armstrong
Notary Public for the State of Montana
Residing at Sidney, Montana
My commission expires 12-31-2007

Return to:

**Cresap & Armstrong, P.C.
104 Second Avenue SW
Sidney, Montana 59270**

543243 BOOK: 150 DEEDS . PAGE: 196 Pages: 2
STATE OF MONTANA RICHLAND COUNTY
RECORDED: 07/03/2007 3:01 KOI: TERM JT
PENNI D. LEWIS CLERK AND RECORDER
FEE: \$14.00 BY: Therese Volkman
TO: CRESAP & ARMSTRONG 104 2ND AVE SW, SIDNEY, MT 59270

TERMINATION OF JOINT TENANCY

NANETTE RUFFATTO is the daughter and joint tenant of the decedent, James Louis Norden, who died June 15, 2006, as is evidenced by the attached Richland County, Montana Certification of Death Certificate, and as such, is the sole owner of the following described real property situated in Richland County, Montana:

East 74 feet of the North 50 feet measured along the East Line of Block A of Kenoyer's First Addition to Sidney, Montana, according to the plat thereof on file in the office of the Clerk and Recorder of Richland County, Montana.

Nanette Ruffatto
NANETTE RUFFATTO, surviving
daughter of James Louis Norden, of 503
Third Ave. SW, Sidney, Montana 59270

STATE OF MONTANA)
 : ss
COUNTY OF RICHLAND)

On this 3rd day of July, 2007, personally appeared before me, NANETTE RUFFATTO, who signed the within instrument and duly acknowledged to me that she executed the same.



Lee E. Armstrong
Lee E. Armstrong
Notary Public for the State of Montana
Residing at Sidney, Montana
My commission expires: 12-31-2007

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD

RICHLAND COUNTY

FORM C.C.11 (2003 revision)
 Local File Number: 139

MONTANA CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME (First, Middle, Last) James Louis Norden		AKA'S If Any		28. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) June 15, 2006	
Sex Male	SOCIAL SECURITY NUMBER 520-14-3431	Age - Last birthday (Years & Days) 84	4.b. Under 1 Year Months Days	4.c. Under 1 Day Hours Minutes Seconds	DATE OF BIRTH (Month, Day, Year) August 9, 1921
14. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify)			17. COUNTY OF DEATH Richland		
FACILITY NAME (if not Institution, give street and number) Sidney Health Center			CITY, TOWN OR LOCATION OF DEATH Sidney		
BIRTHPLACE (City, and State or Foreign Country) Cheyenne, Wyoming		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (if wife, give last name before first marriage)	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Vo-ag Teacher			KIND OF BUSINESS/INDUSTRY Education		WAS DECEDENT EVER IN U. S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. RESIDENCE - State Montana	7b. COUNTY Richland	7c. CITY, TOWN, OR LOCATION Sidney	7d. STREET NUMBER 1015 7th Avenue SW	7f. ZIP CODE 59270-	7g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <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 type="checkbox"/> Some college but no degree <input type="checkbox"/> Associates 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, LL.B., JD)		32. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "Yes" box if the 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)		33. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent is. Check the "Other" box if the decedent is not listed here.) <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) Louis Norden		12. MOTHER'S NAME (First, Middle, last name before first marriage) Georgia Connelly			
13a. INFORMANT'S NAME Nanette Ruffatto		RELATIONSHIP TO DECEDENT Daughter		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 503 3rd Avenue SW Sidney, MT 59270-	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Conation <input type="checkbox"/> Other (Specify)		19. PLACE OF DISPOSITION (Name of Cemetery, crematory, or other place) SIDNEY CEMETERY		LOCATION - City or Town, State Sidney, Montana 59270-	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		MONTANA LICENSE NUMBER (for funeral home license) 453	NAME AND ADDRESS OF FUNERAL FACILITY Fulkerson Funeral Home 21. 315 2nd St NW, Sidney, MT 59270		
21. ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Year) June 15, 2006		25. TIME PRONOUNCED DEAD 08:45 AM	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER			
28. DATE SIGNED (Mo/Day/Year)		30. ACTUAL OR PRESUMED TIME OF DEATH 08:45 AM		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I Enter the <u>cause of death</u> - disease, injury, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac or respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on each line. And additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) b. myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I					Approximate Interval Between Chest and Death
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined					38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
39. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <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"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year
DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's Home, Construction Site, Restaurant, wooded area)		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
43. DESCRIBE HOW INJURY OCCURRED		41. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No		42. LOCATION (Street and Number or Rural Route Number, City, Town, State, zip Code)	
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input type="checkbox"/> Certifying Physician: To the best of my knowledge death occurred at the time, date, and place and due to cause(s) <input type="checkbox"/> Pronouncing and Certifying Physician: To the best of my knowledge death occurred at the time, date, and place and due to cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner: On the basis of my personal investigation, in my opinion, death occurred at the time and place and due to the cause(s) and manner stated. SIGNATURE: <i>[Signature]</i>					DATE CERTIFIED (Month, Day, Year) June 20, 2006
46. NAME AND ADDRESS OF CERTIFIER (Physician or Coroner) (Type or Print) Paul M. Johnson 214 24th Avenue SW, Sidney, MT 59270					47. TITLE MD
LOCAL REGISTRAR'S NAME <i>Renee Young</i>					DATE FILED (Month, Day, Year) June 20, 2006

By: Renee Young, on June 20, 2006

This certifies that this document is a true duplication
 of the original information on file with the
 Department of Public Health and Human Services

Pennie Lewis
 Pennie Lewis
 Clerk and Recorder
Gregory McDowell
 Deputy

Not Valid Unless Raised Seal Is Present



WHEN RECORDED RETURN TO:

Name: Victorino William Daleon Perez

Address: 306 5th Street SW
Sidney, MT 59270

File No.: S22-0086

613899 BOOK: 169 DEEDS PAGE: 73 Pages: 2
STATE OF MONTANA RICHLAND COUNTY
RECORDED: 04/05/2022 4:19 KOI: W.D.
STEPHANIE VERHASSELT CLERK AND RECORDER
FEE: \$16.00 BY: *Stephanie Verhasselt*
TO: VICTORINO WILLIAM DALEON PEREZ 306 5TH ST SW, SIDNEY, MT 59270

WARRANTY DEED

FOR A VALUABLE CONSIDERATION, the receipt of which is acknowledged the undersigned, Garrett A. Mullet, whose address is 110 North 49th Ave, Greeley, CO 80634, GRANTOR(S) do/does hereby grant, bargain, sell and convey unto:

Victorino William Daleon Perez
306 5th Street SW
Sidney, MT 59270

GRANTEE(S), his/her/their heirs and assigns, the following described premises in Richland County and State of Montana:

North 50 feet measured along the East line, LESS AND EXCEPT the East 74 feet in Block A of Kenoyer's First Addition to Sidney, Montana, according to the plat thereof on file in the office of the Clerk and Recorder of Richland County, Montana.

Deed Reference: A158/525

TO HAVE AND TO HOLD the said premises, with its appurtenances and easements apparent or of record, unto the said GRANTEE(S), his/her/their heirs and assigns, forever. And the said GRANTOR(S) do/does hereby covenant to and with the said GRANTEE(S), that the GRANTOR(S) is/are the owner(s) in fee simple of said premises; that said premises are free from all encumbrances except for current years taxes, levies, and assessments and except U.S. Patent reservations, restriction, easements of record, and easements visible upon the premises, and the GRANTOR(S) will warrant and defend the same from all lawful claims whatsoever.

SUBJECT TO:

1. All reservations, exceptions, covenants, conditions and restrictions of record and in patents from the United States or the State of Montana;
2. All existing easements, rights of way and restrictions apparent or of record;
3. Taxes and assessments for the current year and subsequent years;
4. All prior conveyances, leases or transfers of any interest in minerals, including oil, gas and other hydrocarbons; and
5. Building, use, zoning, sanitary, and environmental restrictions.

GRANTOR(S) covenant with GRANTEE(S) that GRANTOR(S) are now seized in fee simple absolute of said premises; that GRANTOR(S) have full power to convey same; that the same is free from all encumbrances excepting those set forth above; that GRANTEE(S) shall enjoy the same without any lawful disturbance; that GRANTOR(S) will, on demand, execute and deliver to GRANTEE(S), at the expense of GRANTORS, any further assurance of the same that may be reasonably required; and, with the exceptions set forth above, that GRANTOR(S) warrant to GRANTEE(S) and will defend for him/her all the said premises against every person lawfully claiming all or any interest in same.

DATED this 31st day of March, 2022.

Garrett A. Mullet
Garrett A. Mullet

State of Colorado
County of Weld

On this 31st day of March, 2022, before me, the undersigned, a Notary Public in and for said State, personally appeared Garrett A. Mullet, known to me, and/or identified to me on the basis of satisfactory evidence, to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS MY HAND AND OFFICIAL SEAL

Ryan M. DeBey (SIGNATURE)
Printed Name: Ryan M. DeBey
Notary Public in and for the State of Colorado
Residing at Wells Fargo Bank N.A.
My commission expires: 02/05/2025

