PROJECT: Golden Gate Estates

PROPOSED
CLOSING STATEMENT

SELLER: Robert S. Walter and Kathryn Walter, his wife, As Joint Tenants With Full Rights of Survivorship

BUYER: BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA

Date of Closing: ~~May 3~~ June 14, 2001

Tax Identification Number: 43039880009

SELLER'S CLOSING STATEMENT

Purchase Price		$ 10,325.00
Less Seller's Expenses:		
Prior Year(s) Real Estate Taxes Payable to Collier County Tax Collector	$ PAID	
2000 Real Estate Taxes Payable to Collier County Tax Collector	$ PAID	
2001 Escrowed Real Estate Taxes Payable to Collier County Tax Collector	$ 45.39 ~~33.84~~	
Other Expense Payable to	$ -0-	
Total Expenses to Seller		$ 45.39 ~~33.84~~
Net Proceeds to Seller at Closing		$ 10,279.61 ~~10,291.16~~

BUYER'S CLOSING STATEMENT

Purchase Price	$ 10,325.00
Florida Documentary Stamp Tax on Warranty Deed Payable to Collier County Clerk of Courts	$ 72.80
Recording Fees: WD Payable to Collier County Clerk of Courts	$ 10.50
Boundary Evidence Report Payable to	$ N/A
Environmental Site Observation Payable to	$ N/A
Title Insurance ($495.00 Total; $66.00 P.O. C.) Title Insurance $100.00; Title Cert $100.00; Update $40.00; Search $40.00; Exam $40.00; Closing Fee $175.00 Payable to First Title & Abstract, Inc.	$ 429.00
Total Amount Due from Buyer at Closing	$ 10,837.30

SELLER:

Robert S Walter

Kathryn Walter

Date Executed: 4-27-01

BUYER:

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA

By William C. Robinson

DEPARTMENT OF ENVIRONMENTAL PROTECTION AS AGENT FOR BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA

Date Executed: 6/4/01

This property was acquired with funds provided by the Secretary of the Department of the Interior pursuant to Federal Agriculture Improvement and Reform Act of 1996 (Section 390, Pub.L.104-127 110 Stat. 1022) (Farm Bill), and will be managed for the restoration of the Everglades, in accordance with applicable federal and state law.

2813310 OR: 2846 PG: 1181
RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL
06/21/2001 at 09:45AM DWIGHT E. BROCK, CLERK
CONS 10325.00
REC FEE 10.50
DOC-.70 72.80

Retn:
FIRST TITLE & ABSTRACT
PICK UP

WARRANTY DEED

(Statutory Form - Section 689.02, Florida Statutes)

THIS INDENTURE, made this 27 day of April, A.D. 2001, between **Robert S. Walter and Kathryn Walter, his wife, As Joint Tenants With Full Rights of Survivorship** of 1339 Hidden Oaks CT., Flint, MI 48507 , grantor*, and **BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA,** whose post office address is c/o Florida Department of Environmental Protection, Division of State Lands, 3900 Commonwealth Boulevard, Mail Station 115, Tallahassee, Florida 32399, grantee*,

WITNESSETH, that said grantor, for and in consideration of the sum of Ten and no/100 ($10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee and grantee's successors and assigns forever, the following described land, situate, lying and being in Collier County, Florida, to-wit:

The East 180 feet of Tract 118, Unit 113, GOLDEN GATE ESTATES, according to plat thereof recorded in Plat Book 5, Page 35, of the Public Records of Collier County, Florida.

Property Appraiser's Parcel Identification No. 43039880009

This conveyance is subject to easements, restrictions, limitations and conditions of record if any now exist, but any such interests that may have been terminated are not hereby re-imposed.

This property is not the homestead property of the grantor, nor contiguous to homestead property, as such homestead is defined under Florida law.

And said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

* "Grantor" and "grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

Witness Signature
Print Name: THOMAS J. DIGNAN

Witness Signature
Print Name: Sherie Scarlett

Robert S. Walter (SEAL)
Robert S. Walter

Witness Signature
Print Name: THOMAS J DIGNAN

Witness Signature
Print Name: Sherie Scarlett

Kathryn Walter (SEAL)
Kathryn Walter

DEP-12562

Approved
Post Closing

STATE OF Michigan
COUNTY OF Shiawassee

The foregoing instrument was acknowledged before me this 27th day of April, 2001, by Robert S. Walter. Such person(s) (Notary Public must check applicable box):

[ ] is/are personally known to me.
[X] produced a current driver's license(s).
[ ] produced _____ as identification.

(NOTARY PUBLIC SEAL)

Notary Public Signature
Sherie Scarlett
(Printed, Typed or Stamped Name of Notary Public)

Commission Number: _____
My Commission expires: 08-10-2002

SHERIE SCARLETT
Notary Public, Shiawassee Co., MI
My Comm. Expires Aug. 10, 2002

STATE OF Michigan
COUNTY OF Shiawassee

The foregoing instrument was acknowledged before me this 27th day of April, 2001, by Kathryn Walter. Such person(s) (Notary Public must check applicable box):

[ ] is/are personally known to me.
[X] produced a current driver's license(s).
[ ] produced _____ as identification.

(NOTARY PUBLIC SEAL)

Notary Public Signature
Sherie Scarlett
(Printed, Typed or Stamped Name of Notary Public)
Commission Number: _____
My Commission Expires 08-10-2002

SHERIE SCARLETT
Notary Public, Shiawassee Co., MI
My Comm. Expires Aug. 10, 2002

This instrument was prepared by:
FIRST TITLE & ABSTRACT, INC.
1040 Goodlette Road North
Naples, FL 34102
Telephone: (941) 262-6455
IN CONNECTION WITH THE ISSUANCE OF TITLE INSURANCE

POLICY NUMBER 5332- 150783

Owner's Policy of Title Insurance

Fidelity National Title Insurance Company

OF NEW YORK

A Stock Company

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B AND THE CONDITIONS AND STIPULATIONS, FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK, a New York corporation, herein called the Company, insures, as of Date of Policy shown in Schedule A, against loss or damage, not exceeding the Amount of Insurance stated in Schedule A, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested other than as stated herein;
2. Any defect in or lien or encumbrance on the title;
3. Unmarketability of the title;
4. Lack of a right of access to and from the land.

The Company will also pay the costs, attorneys' fees and expenses incurred in defense of the title, as insured, but only to the extent provided in the Conditions and Stipulations.

This policy shall not be valid or binding until Schedule A has been countersigned by either a duly authorized agent or representative of the Company and Schedule B has been attached hereto.

IN WITNESS WHEREOF, FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK has caused this policy to be signed and sealed by its duly authorized officers as of Date of Policy shown in Schedule A.

Fidelity National Title Insurance Company of New York

BY _____ President

SEAL

ATTEST Charles H. Wimer Secretary

Approved Post Closing

Fidelity National Title
INSURANCE COMPANY

ALTA OWNER'S POLICY (10-17-92)
(with Florida Modifications)

Office File Number: DEP-12562

Policy Number: 5332-150783

SCHEDULE A

Date of Policy: June 21, 2001
@ 9:45 a.m.

Amount of Insurance: $10,325.00

1. Name of Insured:

   BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND OF THE STATE OF FLORIDA

2. The Estate or interest in the land which is covered by this policy is:

   FEE SIMPLE

3. Title to the estate or interest in the land is vested in the named insured, as shown by instrument recorded in Official Records Book 2846, Page 1181, of the Public Records of Collier County, Florida.

4. The land referred to in this policy is described as follows:

   The East 180 feet of Tract 118, Unit 113, GOLDEN GATE ESTATES, according to plat thereof recorded in Plat Book 5, Page 35, of the Public Records of Collier County, Florida.

Countersigned:

BY: Lesley Irvine
Authorized Signatory - Lesley Irvine

First Title & Abstract, Inc.
Colonial Square
1040 Goodlette Road, North
Naples Florida 34102
Ph: (941) 262-6455

Fidelity National Title
INSURANCE COMPANY

ALTA OWNER'S POLICY (10-17-92)
(with Florida Modifications)

Office File Number: DEP-12562

Policy Number: 5332-150783

SCHEDULE B

EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of:

1. The lien of all taxes for the year 2000, and thereafter.
2. Any lien, or right to a lien, for services, labor or material heretofore or hereafter furnished, imposed by law and not shown by the public records.
3. Any encroachments, easements, measurements, variations in area or content, party walls or other facts which a correct survey of the premises would shown.
4. Rights or claims of parties in possession.
5. Roads, ways, streams, if any, not shown by the public records, riparian rights and the title to any filled-in lands.
6. Easements or claims of easements not shown by the public records.
7. Conditions, restrictions and limitations together with easements reserved for public utility purposes as shown on plat thereof, recorded in Plat Book 5, Page 35, of the Public Records of Collier County, Florida.

General Exceptions 1, 2, 4 and 5 are hereby deleted.

Schedule B of the Policy consists of 1 Page

In addition to and after the notices required under Section 3 of these Conditions and Stipulations have been provided the Company, a proof of loss or damage signed and sworn to by the insured claimant shall be furnished to the Company within 90 days after the insured claimant shall ascertain the facts giving rise to the loss or damage. The proof of loss or damage shall describe the defect in, or lien or encumbrance on the title, or other matter insured against by this policy which constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage. If the Company is prejudiced by the failure of the insured claimant to provide the required proof of loss or damage the Company's obligations to the insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such proof of loss or damage.

In addition, the insured claimant may reasonably be required to submit to examination under oath by any authorized representative of the Company and shall produce for examination, inspection and copying, at such reasonable times and places as may be designated by any authorized representative of the Company, all records, books, ledgers, checks, correspondence and memoranda, whether bearing a date before or after Date of Policy, which reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the insured claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect and copy all records, books, ledgers, checks, correspondence and memoranda in the custody or control of a third party, which reasonably pertain to the loss or damage. All information designated as confidential by the insured claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the insured claimant to submit for examination under oath, produce other reasonably requested information or grant permission to secure reasonably necessary information from third parties as required in the above paragraph shall terminate any liability of the Company under this policy as to that claim.

6. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance.

To pay or tender payment of the amount of insurance under this policy together with any costs, attorneys' fees and expenses incurred by the insured claimant, which were authorized by the Company, up to the time of payment or tender of payment and which the Company is obligated to pay.

Upon the exercise by the Company of this option, all liability and obligations to the insured under this policy, other than to make the payment required, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, and the policy shall be surrendered to the Company for cancellation.

(b) To Pay or Otherwise Settle With Parties Other than the Insured or With the Insured Claimant.

(i) to pay or otherwise settle with other parties for or in the name of an insured claimant any claim insured against under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay; or

(ii) to pay or otherwise settle with the insured claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees and expenses incurred by the insured claimant which were authorized by the Company up to the time of payment and which the Company is obligated to pay. Upon the exercise by the Company of either of the options provided for in paragraphs (b)(i) or (ii), the Company's obligations to the insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute or continue any litigation.

7. DETERMINATION, EXTENT OF LIABILITY AND COINSURANCE

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the insured claimant who has suffered loss or damage by reason of matters insured against by this policy and only to the extent herein described.

(a) The liability of the Company under this policy shall not exceed the least of:

(i) the Amount of Insurance stated in Schedule A; or,

(ii) the difference between the value of the insured estate or interest as insured and the value of the insured estate or interest subject to the defect, lien or encumbrance insured against by this policy.

(b) The Company will pay only those costs, attorneys' fees and expenses incurred in accordance with Section 4 of these Conditions and Stipulations.

8. APPORTIONMENT

If the land described in Schedule A consists of two or more parcels which are not used as a single site, and a loss is established affecting one or more of the parcels but not all, the loss shall be computed and settled on a pro rata basis as if the amount of insurance under this policy was divided pro rata as to the value on Date of Policy of each separate parcel to the whole, exclusive of any improvements made subsequent to Date of Policy, unless a liability or value has otherwise been agreed upon as to each parcel by the Company and the insured at the time of the issuance of this policy and shown by an express statement or by an endorsement attached to this policy.

9. LIMITATION OF LIABILITY

(a) If the Company establishes the title, or removes the alleged defect, lien or encumbrance, or cures the lack of a right of access to or from the land, or cures the claim of unmarketability of title, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals therefrom, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused thereby.

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals therefrom, adverse to the title as insured.

(c) The Company shall not be liable for loss or damage to any insured for liability voluntarily assumed by the insured in settling any claim or suit without the prior written consent of the Company.

10. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY

All payments under this policy, except payments made for costs, attorneys' fees and expenses shall reduce the amount of the insurance pro tanto.

11. LIABILITY NONCUMULATIVE

It is expressly understood that the amount of insurance under this policy shall be reduced by any amount the Company may pay under any policy insuring a mortgage to which exception is taken in Schedule B or to which the insured has agreed, assumed, or taken subject, or which is hereafter executed by an insured and which is a charge or lien on the estate or interest described or referred to in Schedule A, and the amount so paid shall be deemed a payment under this policy to the insured owner.

12. PAYMENT OF LOSS

(a) No payment shall be made without producing this policy for endorsement of the payment unless the policy has been lost or destroyed, in which case proof of loss or destruction shall be furnished to the satisfaction of the Company.

(b) When liability and the extent of loss or damage has been definitely fixed in accordance with these Conditions and Stipulations, the loss or damage shall be payable within 30 days thereafter.

13. SUBROGATION UPON PAYMENT OR SETTLEMENT

(a) The Company's Right of Subrogation.

Whenever the Company shall have settled and paid a claim under this policy all right of subrogation shall vest in the Company unaffected by any act of the insured claimant.

The Company shall be subrogated to and be entitled to all rights and remedies which the insured claimant would have had against any person or property in respect to the claim had this policy not been issued. If requested by the Company the insured claimant shall transfer to the Company all rights and remedies against any person or property necessary in order to perfect this right of subrogation. The insured claimant shall permit the Company to sue, compromise or settle in the name of the insured claimant and to use the name of the insured claimant in any transaction or litigation involving these rights or remedies.

If a payment on account of a claim does not fully cover the loss of the insured claimant, the Company shall be subrogated to these rights and remedies in the proportion which the Company's payment bears to the whole amount of the loss.

If loss should result from any act of the insured claimant, as stated above, that act shall not void this policy, but the Company, in that event, shall be required to pay only that part of any losses insured against by this policy which shall exceed the amount, if any, lost to the Company by reason of the impairment by the insured claimant of the Company's right of subrogation.

(b) The Company's Rights Against Non-insured Obligors.

The Company's right of subrogation against non-insured obligors shall exist and shall include, without limitation, the rights of the insured to indemnities, guaranties, other policies of insurance or bonds, notwithstanding any terms or conditions contained in those instruments which provide for subrogation rights by reason of this policy.

14. ARBITRATION

Unless prohibited by applicable law, arbitration pursuant to the Title Insurance Arbitration Rules of the American Arbitration Association may be demanded if agreed to by both the Company and the insured. Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the insured arising out of or relating to this policy, any service of the Company in connection with its issuance or the breach of a policy provision or other obligation. Arbitration pursuant to this policy and under the Rules in effect on the date the demand for arbitration is made or, at the option of the insured, the Rules in effect at Date of Policy shall be binding upon the parties. The award may include attorneys' fees only if the laws of the state in which the land is located permit a court to award attorneys' fees to a prevailing party. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court having jurisdiction thereof.

The law of the situs of the land shall apply to an arbitration under the Title Insurance Arbitration Rules.

A copy of the Rules may be obtained from the Company upon request.

Department of Environmental Protection

Jeb Bush
Governor

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

June 13, 2001

The Honorable Robert E. Milligan
Comptroller of Florida, The Capitol
Tallahassee, Florida 32399

RE: Southern Golden Gate Estates Remaining Lots
Batches #220 & 221, Closing Packages

Dear Comptroller Milligan:

Pursuant to the Contract for Sale and Purchase, will you please issue a state warrant in the amount and to the payee as indicated below:

PAYEE	CONTRACT NUMBER	REVIEW NUMBER	PROJECT NUMBER	TOTAL AMOUNT
First Title & Abstract FEID #59-2732938	S-11759 through S-11777	998109	00591	$ 158,929.20

Funding Breakdown

Org Code	EO	Fund		Category	Project#
3710 2100 000	JS	332010	P2000	084108-00	00591

This warrant is needed by 2:00 PM, June 19, 2001

Upon closing on this purchase, the fee simple title will vest in the Board of Trustees of the Internal Improvement Trust Fund of the State of Florida, and the title insurance policies insuring marketability of title to the said parcels shall be delivered to the state.

Sincerely,

Robert J. Lovern
Assistant Division Director
Division of State Lands

RECEIVED
JUN 13 2001
FINANCE & ACCOUNTING
CONTRACTS SECTION

RJL/jab
cc; Mr. Robert Hicks
Stacey Ochat, Judy Booth

"More Protection, Less Process"

Printed on recycled paper.

BATCH #GGE-0221.a

GOLDEN GATE ESTATE REMAINING PARCELS/CLOSING DATE - June 14, 2001

Seller	Tax I.D.	DEP File #	Purchase Price	Closing Costs	Total Costs	Acres
Marsh, Edward & June P.	43313960001	12730	$6,350.00	$479.80	$6,829.80	1.14
Melotti, Vererita	43030640002	12505	$10,325.00	$519.80	$10,844.80	2.73
Merchberger, Joseph Paul	43320560009	12762	$6,350.00	$479.80	$6,829.80	1.14
Obst, Wayne R. & Jerry A.	44089120006	13709	$10,325.00	$507.80	$10,832.80	2.73
Combs/Palmer	43035240009	12537	$9,350.00	$505.30	$9,855.30	2.34
Thuning, Marguerite E.	43611360002	13067	$6,350.00	$485.80	$6,835.80	1.14
Scaris, Maria	43030920007	12507	$7,825.00	$514.30	$8,339.30	1.13
Van Gemert-Boekstaaf, Letitia	43434440002	12870	$7,475.00	$487.50	$7,962.50	1.59
Vinson, James C. & Martha G.	43438120001	12904	$9,650.00	$507.40	$10,157.40	2.46
Walter, Robert S. & Kathryn	43039880009	12562	$10,325.00	$512.30	$10,837.30	2.73
TOTALS			$84,325.00	$4,999.80	$89,324.80	19.13

I verify the appraisal amount matches the contract, closing statement

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-00 812 851

THIS IS NOT A PAYMENT DEVIC

FLAIR ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT N
37-302332010-37100200-00-08410800	370000	08	D1000768673	5620	06/14/01	2308550

PAYMENT AMOUNT
$ 158,929.20

DO NOT CASH

AGENCY DOCUMENT NO
VF07846

FIRST TITLE & ABSTRACT INC
1040 GOODLETTE RD N
NAPLES FL 33940

PLEASE DIRECT QUESTIONS TO: (850) 488-6439, ENVIRON. PROTECTION - FCO

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT HTTP://FLAIR.DBF.STATE.FL.US

INVOICE NUMBER	AMOUNT
S11759777	$ 158,929.20

mailed 6/18/01

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

FLAIR ACCOUNT CODE	SWDN	ADN	OBJECT	DATE	WARRANT NO
37-302332010-37100200-00-08410800	D1000768673	VF07846	5620	06/14/01	2308550 63-69/630

OLO 370000 SITE 08 CONTACT (850) 488-6439 FOR PAYMENT QUESTIONS

VOID AFTER 12 MONTHS

STATE OF FLORIDA
OFFICE OF COMPTROLLER

4-00 812 851

AMOUNT
$***158,929.20

PAY
ONE-HUNDRED-FIFTY-EIGHT-THOUSAND-NINE-HUNDRED-TWENTY-NINE & 20/100 DOLLARS

EXPENSE WARRANT

TO THE ORDER OF:

VENDOR ID NUMBER

TO: TREASURER OF FLORID
TALLAHASSEE

FIRST TITLE & ABSTRACT INC
1040 GOODLETTE RD N
NAPLES FL 33940

Robert L. Milligan

COMPTROLLER OF FLORIDA

⑈14230855000⑈ ⑆063000694⑆ ⑈4 2⑈

SUMMARY OF IMPORTANT INFORMATION AND INDIVIDUAL CERTIFICATION OF VALUE

Roger L. Hettema, MAI, SRA
State-Certified General Appraiser 0000045

Project: Save Our Everglades (Collier County)

B/A File#: 00-4932 and 00-4941 FDEP Contract #: SL689 Task Assignment#: 12 13

Subject Identification Number:	43039880009
Owner:	WALTER ET UX; ROBERT S
Address:	1339 HIDDEN OAKS CT
City: / State: / Zip:	FLINT / MI / 48507 - 5607
Township-Range-Section: (Twn: / Rng: / Sec:)	50 / 28 / 4
Subdivision:	
Previous Sale:	
Recording: (Bk: / Pg:)	
Legal Description:	GOLDEN GATE EST UNIT 113 E 180FT OF TR 118 OR 456 PG 646
Area:	GOLDEN GATE ESTATES

Assessment Information:

Land Assessment:	$5,733
Improvements Assesment:	$0
Total Assessment:	
Total Taxes (1999):	
Land Size (Area):	2.73
Value Code:	L
Effective Date:	Sept 26, 2000

10,325

TOTAL MARKET VALUE OF SUBJECT PROPERTY: $8,190